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ABSTRACT

Interviews were conducted with 712 Canadian street youth (ages 15-20 years) to assess their knowledge, attitudes, and behaviors with regard to Acquired Immune Deficiency Syndrome (AIDS) and other sexually transmitted diseases (STDs). Youth were interviewed in 10 cities across Canada on the basis of 5 street culture lifestyles: prostitution, drug abuse, homelessness, criminal behavior, and preparation for employment. The study results confirmed that street youth were a vulnerable group of young people whose lifestyles placed them at high risk for the contraction and transmission of the human immunodeficiency virus (HIV) and other STDs. Respondents reported heavy drug use which may increase their vulnerability to HIV infection. Most respondents reported being sexually active and the majority reported having multiple sexual partners and engaging in sexual experimentation. The first chapter of this report provides an introduction to the study. Chapter II examines family background, school experience, relationships with parents, self-esteem, and mental health of the street youth. Chapter III illustrates the vulnerable lifestyles of the youth, chapter IV looks at their knowledge and sources of information about AIDS and other STDs, and chapter V considers the attitudes of these street youth toward AIDS and STDs. Chapter VI reports on the risk-taking behaviors of street youth related to HIV and other STDs, and the seventh and final chapter reviews key findings and makes recommendations to meet the needs of street youth and to prevent the spread of HIV. Numerous tables and figures are included, and the text is illustrated with black and white photographs. (NB)

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STREET YOUTH & AIDS

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STREET
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AIDS

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STREET YOUTH & AIDS

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Preface

This report presents the findings of a study of street youth which was originally part of the *Canada Youth and AIDS Study*. The study was undertaken to determine how young Canadians were responding to the AIDS epidemic. It became very clear early in the data collection phase that street youth merited further attention. These young people are particularly vulnerable to contracting and transmitting AIDS and there is evidence that HIV, the virus responsible for the development of AIDS, has already begun to infect this group of adolescents. To prepare a separate report on this special population the Social Program Evaluation Group at Queen's University was funded by a grant from National Health Research and Development Program, Health and Welfare Canada, in collaboration with the Federal Centre for AIDS and the Expert Interdisciplinary Advisory Committee on Sexually Transmitted Diseases in Children and Youths (EIAC).

Along with discussing the knowledge, attitudes and behaviours of street youth with regard to AIDS and other STDs we also consider the background and life circumstances of the young people. The verbatim comments from many street youth themselves help to depict their lives and views more vividly, and the photographs, commissioned in three of the interview sites, better than words, make the point that street youth look similar to other adolescents.

The original street youth sample used in the analyses for the *Canada Youth and AIDS Study* was increased for this study to make it more representative of the broad range of street youth. Three comparison groups were used here (Grade 11, dropouts and college/university). The college/university sample was slightly modified to produce a similar age range to the street youth. Therefore, the percentages presented in this report will not always correspond to those in the *Canada Youth and AIDS Study*.

The report has been prepared with two specific target audiences in mind: policy makers in federal and provincial governments and health and social service professionals who work with street youth. The interpretation of the findings and suggested implications reflect the views of the authors.

The vast majority of the interviews were coordinated and conducted by Joyce Radford and Ted King. The following people, most of whom worked regularly with street youth, assisted with data collection in their cities: Jean-Paul Beauregard and Karen Positano in Ottawa; Catherine Clark, Devorah Kahn and Rod Cohen in Toronto; Wendy Waters, Brian Migie and Vic Arnott in the cities of Winnipeg, Kenora and

Saskatoon; Maria Seeber and Gloria Dekker in Edmonton; Jan Folly in St. John's and Winston Barnwell in Halifax; Robert Webber, Mary Hendricks and Sue Laverne in Vancouver; and, Patrice Cesar, Christiane Jacques, Lynda Thibault and Celine Lesage conducted the French interviews in Montreal. Christiane Jacques also assisted with the development and piloting of the French instrument and arranged for photographs. Lise Racine assisted with the coordination of photographs in Montreal and Wendy Waters was responsible for coordinating interviews in the Mid-western cities.

Members of the research team at Queen's University included: Matthew King responsible for computer programming and data analysis; Susan Eskerod, who assisted with editing; Ted Holden and Regine Halseth, who helped develop the figures; and, Myrtle MacRae, who carried out the word processing and handled the budget. The other principal members of the *Canada Youth and AIDS* research team provided direction during the study and preparation of the report: Richard Beazley, Catherine Hankins and Alan Robertson.

Hazel Fotheringham edited the book and Peter Dorn was responsible for the design. Katherine Manley facilitated the translations: Pierre Marchand translated the instrument and Jean Pierre Doyon, the report. John Meston and Cathy Ryerse from the Canadian Child Welfare Association consulted on chapters as they were in progress.

Barbara Jones and Heidi Liepold of the Federal Centre for AIDS and Noni Macdonald and Bill Bowie of EIAC provided helpful advisory support throughout the course of the study. Betsy MacKenzie of the Federal Centre for AIDS and Gordon Jessamine and Jo-Anne Doherty of the Laboratory Centre for Disease Control provided advice and assistance in editing.

Health professionals, social workers, educators and other community people who work with street youth as well as the young people themselves expressed a great deal of interest in the study. We were encouraged to produce this report by their interest and by the concerns of our advisors. We especially appreciate the contributions of those who work directly with street youth for helping us arrange for the interviews, and of the youth themselves who kindly gave us their time to participate in the study.

August 1989

Photos by B. Clark

I Introduction

A. The purpose of the study

This report is based on interviews with 712 Canadian street youth aged 15 to 20 years. Youth provided information about their knowledge, attitudes and behaviours with regard to acquired immunodeficiency syndrome (AIDS) and other sexually transmitted diseases (STDs) as well as facts about their background and their present-day lives. The purpose of the study was to provide those people responsible for developing AIDS education and intervention strategies for street youth with a comprehensive understanding of these adolescents. The unique life circumstances of street youth are described in order to identify the most appropriate educational and programmatic interventions to prevent the spread among them of the human immunodeficiency virus (HIV), which results in the development of AIDS, as well as the spread of other STDs.*

The experiences of young people who run to city streets could leave them particularly vulnerable to HIV infection. HIV is transmitted through vaginal and anal intercourse as well as the sharing of intravenous needles, making unprotected sexual activity with an infected person, promiscuous sexual activity and injection drug use extremely dangerous. On the street, youth likely face pressure to use drugs and be sexually active in an environment where the possibility of HIV infection may seem remote compared to more imminent threats to their well-being.

* HIV is sexually transmitted, but it is also contracted in other ways, for example, through contact with contaminated blood. For this reason we consider HIV infection and STDs separately and refer to HIV and other sexually transmitted diseases throughout the report.

AIDS

Acquired immune deficiency syndrome, AIDS, is a predominantly sexually transmitted disease. The scientific community generally accepts that the human immunodeficiency virus (HIV) is the cause of AIDS. AIDS usually develops several years after infection with HIV and is the final manifestation of the destruction of the body's immune system brought about by the virus. The usual survival time after diagnosis of AIDS is from one to two years ... . Other signs of illness may or may not appear before AIDS develops, but nevertheless the HIV-infected person can transmit the virus to others. At present, there is neither a vaccine to prevent HIV infection nor a cure for AIDS.
Royal Society of Canada, 1988, p. 1.

An individual found to be HIV positive carries the HIV virus and is capable of transmitting it if bodily fluids are exchanged. Slight illness can result about six months to one year after acquiring the virus when a process called seroconversion takes place ... . About 10% of HIV infected individuals develop AIDS within four years of infection, 35% within seven years.
J. Sands, 1988, p. 8.

Street youth are at risk for HIV infection

It is not known what proportion of young people on the streets engage in prostitution, unsafe sex, violent sex, and IV drug use with shared equipment. There is some evidence to suggest that this group has limited and possibly inaccurate information about AIDS, its transmission and its prevention. Comprehensive sources of information on the lifestyles of these young people are lacking. It seems realistic to speculate that street youth may be at particular risk for contracting this deadly illness.
A. Caswell and S. Green, 1988, p. 4.

Until an effective treatment or vaccine for AIDS is developed, the principal strategy for controlling its spread will remain persuading at-risk and diseased populations to modify behaviours implicated in the transmission of the disease.
K. Siegel, P. Grodsky and A. Herman, 1986, p. 233.

For various reasons, some of the populations that we now believe to be vulnerable to HIV infection are hard to reach .... We recommend research to determine the means by which high-risk groups, such as injection drug users and others operating outside the norm or laws of society, may be most effectively contacted and influenced.
Royal Society of Canada, 1988, p. 24.

Much of adolescent behaviour consists of experimenting with a variety of activities, many potentially perilous, including sex, substance use and violence. But to understand and find solutions to the risk-taking behaviour of youth, we have to understand adolescence in today's culture.
D.E. Greydanus, 1987, p. 2110.

In the study we attempted to determine the extent to which street youth are at risk to contract and transmit HIV and other STDs, and to do this in the context of what street youth know about AIDS and other STDs and the influence their knowledge has on their attitudes. We were particularly concerned to learn whether or not their knowledge about AIDS and other STDs influences how they think about sexuality, relationships and the risk of HIV infection. We directed attention to their sexual activities, number of sexual partners, degree of substance use, extent of injection drug use and use of measures to protect themselves against HIV infection and other STDs. These behaviours are discussed in relation to the various lifestyles adopted by street youth.

These young people, transient and distrustful of "straight" society, are a difficult group to reach with social and health services. The effectiveness of services depends on how the youth view service providers as well as on the quality and type of services available. We asked them to indicate preferred and least preferred sources of education and prevention services. Existing educational strategies, condom distribution and needle exchange programs are considered within the context of what we have learned about the knowledge, attitudes and lifestyles of street youth. Throughout the report the terms syringe and needle are used interchangeably.

B. Prevalence and transmission of HIV infection and AIDS among Canadian street youth

1. Prevalence

The number of people with AIDS in any age group is not an indicator of the number of people infected with HIV in that age group, because the human immunodeficiency virus has a long asymptomatic period, now reported to be up to ten years.

It is extremely difficult to determine how many young people in Canada have contracted HIV, the virus responsible for the development of AIDS. Statistics on AIDS cases in the entire Canadian population are compiled by age and other demographic factors, but national data on HIV seropositivity are not available. However, two studies of HIV infection in youth conducted in the cities of Vancouver and Toronto are reported here. Also, service providers, workers and the street youth contacted during the course of our study indicated that the spread of HIV in the street population had begun.

Street youth know people with AIDS

I know a guy who has AIDS – people were afraid when they found out. It's stupid, people alienate people who are "bi" or "gay" because of that [AIDS].
Male, 17-year-old, Homeless.

I have a friend who just died of AIDS.
Male, 19-year-old, Prostitute.

I know a couple of people who have AIDS and it doesn't change my opinion of them, but there's just certain things you can't include them in. Like, for example, I could not go out for a night on the town with somebody who had AIDS. If they were to meet somebody and didn't tell them [they had AIDS], I would have to; they wouldn't tell them right away – they would wait a week or so. I know them well enough to know they'd do that.
Male, 18-year-old, Homeless.

One girl on the street has AIDS and she is still working [prostituting]. I couldn't do that.
Female, 17-year-old, Prostitute.

I've known people who have it [AIDS]. Some of my friends have died.
Female, 19-year-old, Prostitute.

A person I know who has AIDS got it from a prostitute. I'm afraid to see my friend. I guess I just don't understand enough about it. It's not really a conscious fear, it's just there and I can't get around it.
Male, 19-year-old, Unemployed.

Too many [people] got it [AIDS] including friends of mine – I hope I don't.
Male, 19-year-old, Homeless.

AIDS surveillance statistics do provide evidence of the presence of HIV-infected individuals among Canadian adolescents. These data from the Federal Centre for AIDS indicate that 12 people (one of them female) between the ages of 15 and 19 had developed AIDS by June 1989 and 553 between the ages of 20 and 29 (Table 1.1). Given that HIV has a long incubation period it is likely that a large proportion of the 553 20 to 29 year olds with AIDS contracted the virus in their teen years. There is no reason to doubt that as many or more of the young people now in the 15 to 19 year age group may be infected with the virus and that many of them will have developed AIDS by the time they are between the ages of 20 and 29.

Table 1.1
Classification of adult AIDS cases in Canada as of June 1989*

Risk category	Number of cases by age 15-19	20-24	25-29	30-59	60+	Total	%
Homosexual/ bisexual activities	2	80	332	1,768	44	2,226	81
Injection drug use	–	2	6	17	–	25	1
Homosexual/bisexual injection drug users	1	6	20	53	–	80	3
Heterosexual activity	–	16	46	127	10	199	7
Recipient of blood product	9	13	18	68	32	140	5
Undetermined risk	–	4	10	50	12	76	3
Total	12	121	432	2,083	98	2,746	100

* Source: Bureau of Epidemiology and Surveillance, Federal Centre for AIDS.

A Vancouver study looked specifically at the prevalence of HIV infection in a street population (Rekart, Chan, James & Barnet, 1989). The study, conducted during the period March 1988 to April 1989, involved 549 participants including street youth (N = 92) aged 14 to 19 years. These street volunteers were provided with free and confidential HIV antibody tests by the AIDS Street Nurse Program. Overall, 17 of these individuals or three percent of the sample were found to be HIV seropositive; and five, two males and three females, of the 92 street youth participants, were HIV antibody positive. The investigators concluded that many people involved in street life in Vancouver are in danger of HIV infection because so many of them use injection drugs and prostitute, and many of the males engage in anal intercourse with other males.

Spread of HIV among street youth

Amongst street involved persons in Vancouver, intravenous drug use, prostitution and bisexuality are common. HIV seropositivity is at a critical stage for interventions (5%) and strategies should be focussed on bisexual male prostitutes. M.L. Rekart, S. Chan, E. James and J. Barnet, 1989, Abstract.

Canada must start now to prevent further spread of AIDS among intravenous drug users, their sex partners and their unborn children, says the physician in chief of the Addiction Research Foundation. The intravenous drug-using population in Canada is sharing equipment and having multiple sexual partners. All we have to do is wait long enough and we will have 80 to 90 percent infected.
The Toronto Star, November 14, 1987.

Over the summer Kennedy [a physician and medical director of Covenant House in New York] tested a small number of the Covenant House kids for AIDS: twenty-seven percent were HIV-positive, and there was one definite case of AIDS-related complex. The staff is seeing more sick street kids and their illnesses seem clinically AIDS-related. "It's as simple as arithmetic", Kennedy says, "thrown out on the streets at 12 or 13, these kids can become ill in their teens." Kennedy estimates that 15 percent of the 11,000 adolescents in and out of Covenant House in a year would test positive for Human Immunodeficiency Virus ... .
P. Hersch, 1988, p. 37.

A recent anonymous seroprevalence study of homeless 13- to 18-year-olds in New York City showed rates of HIV positivity of 6.88 percent in the male subjects and 5.56 percent in the female subjects (New York State Department of Health, 1989). This is terrifying, and it strongly suggests that heterosexual transmission of the virus is spreading rapidly.
D.E. Rogers, 1989, p. 1624.

The Toronto study looked at HIV seropositivity statistics reported to the city's Medical Officer of Health and found as of December 31, 1988, there had been one reported case of AIDS in the under 20 age category. But, in this same age group, there had been 86 cases of HIV infection reported (Central Toronto Youth Services AIDS Project, 1989, p. 5). Half of these young people were 15 to 19 years old; the remainder were younger.

2. Transmission

The major mode of transmission of HIV resulting in AIDS cases in all age groups in Canada except 15 to 19 year olds has been reported in the AIDS surveillance statistics as homosexual and bisexual activity - likely anal intercourse. Nine of the 12 Canadian teenagers with AIDS contracted the virus through contaminated blood products (see Table 1.1). However, most of the youth in the Toronto study previously mentioned were infected by means of blood transfusion or blood products and homosexual or bisexual activities (Central Toronto Youth Services AIDS Project, 1989, p. 3).

To date injection drug use is responsible for only a small number (1%) of all AIDS cases in Canada (see Table 1.1) and a recent study found that HIV seropositivity was low (4.1%) in a group of Montreal intravenous drug users (Canadian Disease Weekly Report, 1988). This is in contrast to HIV transmission patterns identified in the United States, where intravenous drug users are the second largest risk group (16%) of the reported AIDS cases (Coates and Johnson, 1988, p. 18).

Photo by B. Clark

Historical view of runaway youth

The history of runaway youth in the United States reveals an evolution in the understanding of the issue. Initially, runaway youths were understood as capricious and undisciplined urban nomads. This perception gave way to alarm as runaways came to be seen as at high risk from predators on the street. Finally came the realization that great risk exists not only on the streets, but also in the homes the youths run from. Runaway youths have been associated with delinquency, with physical and sexual abuse both in the home and on the street, and with the dangers of prostitution, drug abuse, pornography, and physical assault. Runaway youths are now seen as the victims of these offenses.
M.D. Janus, A. McCormack, A.W. Burgess and C. Hartman, 1987, p. 13.

Runaways are not new to the seventies, but are one avenue of the counterculture, which began its thrust in the fifties. It might be viewed as part of a new hope, a Utopia which chooses to refuse one culture for an alternative which somehow can reach the highest of values, principles and ideals. The Beat movement of the fifties displayed its total disaffiliation from a society that found war a major answer to international dilemmas. Later came the Campaign for Nuclear Disarmament (CND), the Mods and Rockers of England, the Hells' Angels of the United States, Students for Democratic Society (SDS), the Hippies, the New Left, and the runaways.
G.R. Adams and G. Munro, 1979, p. 366.

Contemporary perspective of runaways

Contemporary American studies as well as this study of Canadian runaways have found that although the adolescent runaway may well be adventurous, rebellious, and stubborn, the youth also is often a victim of a troubled family environment and of multiple abuses.
M.D. Janus, A. McCormack, A.W. Burgess and C. Hartman, 1987, p. 115.

As in an earlier time, leaving home reflects not only disillusionment with the status quo, but hope that a new world filled with opportunity awaits those willing to take the risk.
G.R. Adams and T. Gullotta, 1983, p. 421.

Running away from home is not a normative, healthy, or productive phase of adolescent development; rather it is a reactive, avoidant behaviour of a small percentage - yet large number - of youths in our society, youths who are desperately fleeing a stressful environment.
M.D. Janus, A. McCormack, A.W. Burgess and C. Hartman, 1987, p. 18.

C. Background

1. Changing perspective on street youth

The North American attitude toward street youth has changed over the years. In the first half of this century runaway behaviour was attributed to adolescent unrest and casually regarded as a normal rite of passage into adulthood. Youth joined others seeking refuge from poverty and social unrest. Today, it is clear that very few young people abandon the security of home because of a commitment to pursue a carefree lifestyle or to reject the institutions of school and work.

During the sixties and seventies the street scene changed. For the first time running to the street became a middle class phenomenon. Those decades saw scores of disaffected youth denounce society for its ways and openly challenge mainstream values. This counter-system movement encouraged youth to adopt the alternative lifestyles represented by living on the street and in communal settings.

Today, running to the street is not associated with any one level of society. Although disillusionment with contemporary society's value system, as expressed by youth during the sixties and seventies, still motivates some young people to run, many others reject society because they cannot meet societal and parental demands and expectations.

A considerable number of social researchers support the notion that adolescents today are running from their homes rather than to the street. They see the increasing number of young people who live away from home as victims of the failing family system. We must be willing to accept that runaway behaviour patterns reflect complex societal issues.

2. *Definition of street youth*

Street youth are often referred to in the literature as "runaways" or "throwaways", reinforcing the notion that many are escaping domestic crises. Typically, two factors define "runaway youth": their young age and absence from home without a parent's permission, usually for 24 hours or more. In the case of "throwaway" youth the second criterion does not apply; the parents of these adolescents overtly reject their children.

The street youth in this study were aged 15 to 20 and were living on the street or had lived on the street for periods of a day or more during the year before the study was conducted. Their pathways to the street included running from home, a social-service facility or remaining in these living situations while spending a great deal of time "hanging out" on the street.

Street youth are not a homogeneous group, but are members of smaller subgroups or subcultures. Choices made by young people once on the street make it possible, for purposes of analysis, to place them into broad categories (discussed at length in Section D of this chapter). The case histories which appear on page 8 illustrate the different pathways and lifestyles of youth who go to the street.

Runaway youth today

A runaway is a child who is most often thrown from his home or asked to leave his home by a very angry, a very depressed, a very drunk [or] a very high on drugs parent who simply cannot cope with [his or her] own problem, and that these kids are forced out. It is very rare that these kids want to run. Most children want to go home. They are not carefree children.
M.D. Janus, A. McCormack, A.W. Burgess and C. Hartman, 1987, p. 12.

The National Statistical Survey on Runaway Youth (Opinion Research Corporation, 1976) concluded, after extensive debate about alternatives, that an acceptable definition of running away should include operational specifications on (a) age of youth, (b) absence of parental or guardian permission, and (c) a criterion on time gone. The first two definitional dimensions have been universally accepted, while the last criterion has not been rigorously defined and specified between studies. The most frequent time criterion includes more than 24 hours or away overnight.
R.L. Young, W. Godfrey, B. Matthews and G.R. Adams, 1983, p. 275.

... we should distinguish between two different populations, sporadic runners, the "ins and outers" and the true runaways, or homeless youth ... . The ins and outers run an average of two times per year, staying away from home for approximately two weeks. The runaway/homeless are more likely to have left home once during the past year and to have been away from home from one month to three years.
K. Kufeldt and M. Nimmo, 1987, p. 57.

Case Histories

Victoria is an 18-year-old drug addicted girl. She's trying to quit and "clean-up her act." She has moved around a lot in the past four months, sleeping on friends' floors or wherever she can. Right now she is sharing a one-bedroom apartment with four other people. When she was young she moved around a lot because her parents were in a band. After her parents divorced she lived with her mother and her mother's new husband, but she could not get along with him. She left more than two years ago. To support herself she had to get a full-time job and she quit school shortly after leaving home, only two credits short of her Grade 12 diploma. She started doing a great deal of drugs with her new friends. About six months after leaving home she found herself unemployed, selling drugs for money and using drugs daily until she overdosed on acid. She managed to check herself into a hospital. "I don't remember getting there, I just remember waking up one and a half weeks later and feeling awful. Now I try to stay away from acid, I still get the shakes when I think about it."

Heather was slowly drawn to the street scene. Heather is a 19-year-old girl who lived the life of a "curb kid"; sometimes going home after spending a day "hanging out" on the street, sometimes staying downtown with her friends for a few days. She did this for four months before going to the group home where she now lives. Until the age of eight she had stayed with her grandparents, then with foster parents. She was very unhappy with her foster family, believing that she did not have the freedom that regular kids had. "I just couldn't live there any longer. I never really had a home. I just didn't feel comfortable. I had to study all the time; I wasn't allowed to talk to guys or go to dances. I was cut off from the outside world." They put her in a girls' school for seven months, in Heather's words, "to calm me down, but I just felt more confused." She quit school in Grade 10 because of her family problems. "I didn't need school at the time. My grades were really going down."

John is a 17-year-old unemployed youth who lives with his mother. His parents split up nine years ago. Half a year ago he quit school in Grade 10 because he didn't get along with the other students or the teachers. "We moved a lot so I went from one school to another and I was like an outsider. Most of all I wanted to find a job 'cause we never had much money at home and I wanted to move out of the house." When he quit school he went to Toronto to find work and ended up living on the streets for a month and a half. He makes some money by selling illegal drugs. John has been unemployed since returning home three months ago. For seven weeks now he has been in a youth employment program and hopes to find work when he completes the course.

Emma is a 17-year-old prostitute living at a group home for young women trying to get off the street. She and her sister were raised mostly by their grandparents because their mom has an alcohol problem. When Emma was 15 she and her sister testified that their grandfather had been sexually molesting them. They were sent to live with their mother because of the charges. Emma explained, "Mom understood us because she had been sexually molested by him (her father) too." The girls lived with their mom for almost two years. After school one day she kicked them out: "She was smoking-up (drugs), she said to my sister and I right out of the blue, 'pack up and get going.'" They went to the street after staying with a friend for a few days. Emma tried hitch-hiking to school while living on the street but found it too difficult and quit Grade 10 a few weeks later. She tried to get help for herself and her sister. In her own words, "Social Services wouldn't help us, they wanted to set up a meeting with my mom - last thing I wanted. My little sister was deteriorating in front of my eyes, so one night I went out and pulled a few dates (prostituted)." She and her sister lost track of one another a month or so later when Emma became involved with a pimp and went to another city. After a few months she escaped and returned to her home town. She was afraid her boyfriend would come after her. A friend suggested the shelter to her.

Brian, an 18-year-old boy has spent the last seven months in a detention centre for break and enter, he has been on the street for two weeks now. Presently, he lives in a "squat" (where street kids have squatters' rights) with 23 other people but plans to move to Calgary once he receives Welfare. According to Brian his problems began when he was 16 years old and his father died unexpectedly. Three months later his mother met another man and soon afterwards they all moved to California. He did not get along with her boyfriend and he got kicked out of the house a number of times because he caused trouble. He quit school in Grade 10 when he moved with his mother and her boyfriend to Surrey, B.C. Brian missed his home and he went back to Newfoundland to visit friends. "That's when I found out Steve had died in a bike accident - I took the news badly and decided I wanted to be with my Mom after all." It was not long before she kicked him out again for not coming home and causing problems. In Brian's words, "When I got booted I turned to B and Es (break and enters) for three or four months until I got caught."

3. Services for street youth

In recent years there has been a marked increase in the range of services established to help these young people, particularly within large urban centres. In part, this movement is a result of our growing empathy for these youngsters who often flee difficult conditions. Charitable organizations including churches and some social services provide food, accommodation and drop-in centres. Municipal, provincial and federal governments provide funds for widely varied programs including those offering education and health services.

Estimates of the number of youth on Canadian streets, however, indicate that present social services cannot accommodate the needs of all street youth. These services have become the vehicle for the delivery of educational programs and health services related to AIDS and other STDs, and their current and future role in this regard is considered. A more detailed discussion of services for street youth is found in Chapter III.

Homeless youth - a growing problem

Although nation-wide data are not available, the number of homeless youth in Canada is shocking. Existing services simply cannot accommodate the tens of thousands of young people who are drifting in cities and urban centres. Unable to stay at home because of family problems, they often cannot find suitable housing, and when they do, too often cannot afford it.
Report of the Special Committee on Youth, 1986, p. 12.

More than 10,000 street kids pass through Toronto each year.
The Globe and Mail, January 5, 1988.

There are as many as 150,000 homeless street kids in Canadian cities. They come from all walks of life. They don't fit the stereotype "street kid".
Covenant House Brochure, 1988, p. 5.

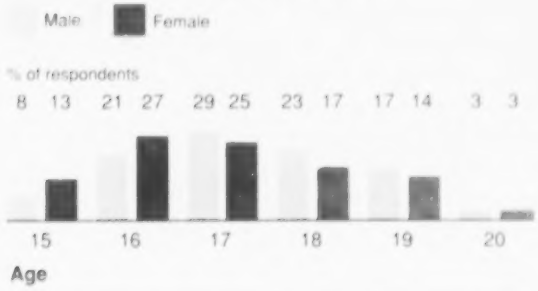
Photo by B. Clark

D. Research methodology

1. The sample

Seven hundred and twelve street youth between 15 and 20 years of age were interviewed about their knowledge, attitudes and behaviours related to AIDS and other sexually transmitted diseases. A total of 391 males (55%) and 321 females (45%) participated. The planned gender distribution was 60 percent males and 40 percent females. We knew that substantially more male than female adolescents were on the street when the research was conducted and we intentionally overrepresented females to ensure that findings would adequately represent sex differences. Male and female street youth were similarly distributed across the age range (Figure 1.1).

Figure 1.1
Street youth by gender and age



It became clear when we were defining an appropriate street youth sample that these youth could be classified into five broad categories - prostitutes, drug abusers, youthful offenders, homeless youth and unemployed youth - differentiated by fundamental aspects of lifestyle and also by the service agencies they contacted and used.

We felt such a classification scheme, because it is linked to existing services, could also be used as a basis for providing these young people with educational and health services related to AIDS and other STDs.

The categories had to satisfy two criteria: to represent an identifiable subculture characterized by a common lifestyle and to have corresponding agencies established to provide services to members of that subculture. The categories are based on five aspects of the street experience that do result in distinguishable lifestyles. In two cases the determining factor is a condition - the fact of being homeless or unemployed; in the others, prostitute, drug abuser, and youthful offender, an activity or behaviour determines peer group, daily activities, living arrangements, and social service agencies used.

Homeless young people were actually living on the street (in doorways, abandoned buildings, bus stations) or had recently moved off the street to stay in group homes, shelters, with friends or relatives. While some of them may have also been unemployed and used drugs, these behaviours were not engaged in excessively

and did not determine their overall lifestyle in the way that their lack of secure accommodation did. They tended to associate with others primarily concerned with looking for shelter and food.

Most of the *youthful offenders* were identified at detention centres and group homes where they were under supervision. Others were so classified because they had recently left such facilities, or because criminal activity determined who they interacted with and how they spent their time.

Those classified as *unemployed, but seeking employment* were attempting to get off the street and were enrolled either in a youth employment program or an alternative school program sponsored by a local school board.

Prostitutes were identified through social workers as young people actively selling their bodies for sex; they were involved with social agencies that served prostitutes or the respondents identified themselves as prostitutes at the time of the interview. Not all those classified as prostitutes were soliciting at the time they were interviewed: 14 percent were in group homes or temporary shelters trying to escape this lifestyle.

Half (48%) of those categorized as *drug abusers* were undergoing or had undergone treatment in an outpatient setting or at a group home for serious alcohol and/or drug problems. The remaining 52 percent were classified as part of this group because they were very heavy drug users and clearly part of a subculture defined by their heavy drug dependency.

Table 1.2 indicates the proportion of each group targeted and obtained in the sample population. The targeted proportions were established through discussion with service providers and based on estimates of the number of street youth in different centres that could be classified in each category. Thirty-eight percent of our sample were classified as homeless, 21 percent as unemployed, 16 percent as youthful offenders, 14 percent as prostitutes and 11 percent as drug abusers. Male and female respondents were well represented in each of the five categories, with the exception of females involved in criminal activities (Table 1.3).

Table 1.2
Targeted and obtained street youth sample, by type

Type	% of respondents	
	Targeted	Obtained
Homeless	45	38
Youthful offender	8	16
Unemployed	15	21
Prostitute	21	14
Drug abuser	11	11

Table 1.3
Number of street youth by type and gender

Type	Male	Female	Total
Homeless	138	131	269
Youthful offender	91	21	112
Unemployed	70	82	152
Prostitute	42	57	99
Drug abuser	50	30	80
Total	391	321	712

The five categories ensured a diversified sample of street youth and they have the additional advantage of providing information about street subcultures and lifestyles to those developing educational and health-related programming. It could be argued that it would be useful to employ a scheme based on risk behaviours, for example, one that categorizes street youth according to those who have multiple sexual partners, engage in anal intercourse and use intravenous drugs. While such an approach would have provided information about the young people involved in these activities, it does not lend itself to the development of educational strategies or health programs for most street youth as well as does a more broadly based classification system, such as the one used here.

2. Sampling procedures

Street youth were contacted and interviewed in ten Canadian metropolitan centres over a period of six months during 1988. Greater numbers of youth were identified in the larger urban centres (Figure 1.2).

Street youth classified as hard-to-reach by service workers were underrepresented by the sampling process and we were unable to estimate accurately the extent of the street youth population in each centre because of uncertainty about the size of this group.

A small sample of Native street youth (N = 61) was selected in order to determine whether they were different in any way from other street youth and whether special services were required to meet their needs. Saskatoon and Kenora were specifically selected to ensure adequate representation of Native street youth in each of the five categories, but others were accessed as part of the basic sample in Vancouver, Winnipeg and Edmonton.

In each city we approached agencies that offered services to young prostitutes, youthful offenders, drug abusers, homeless and unemployed youth (Figure 1.3). Depending on the size of the community, as many as 15 agencies were used to recruit street youth. A few respondents were found in public places and on the street. Identifying and contacting the sample through social services ensured efficient data collection and the interviewers' safety.

Figure 1.2
Street youth sample by city

	%
Toronto	20
Montreal	18
Vancouver	14
Winnipeg	10
Edmonton	9
Halifax	8
Ottawa	8
St. John's	5
Saskatoon	5
Kenora	3

Figure 1.3
Sample access points

Type of street youth	Principal sources	Other sources
Prostitutes	• drop-in centres for prostitutes • group homes for girls getting off the street	• street • outreach work on the "stroll" (street)
Drug abusers	• support groups for rehabilitating youth • addiction treatment centres (Adolescent Program) • mental health counselling centres	• street • mall food courts
Youthful offenders	• young offender facilities (open and closed custody) • group/halfway homes • alternative schools	• street
Homeless	• drop-in centres • crisis housing facilities • group homes	• street • shopping plazas
Unemployed	• youth employment programs • alternative schools	

The interviewers categorized each youth after the interview; to assign each to one of the five categories, they considered the predominant problem he or she faced, the behaviours engaged in and the type of peers with whom each interacted most of the time.

For their time, youth were offered a small incentive of two dollars and a coupon from a major fast food outlet. We estimate that less than ten percent of the young people approached refused to participate.

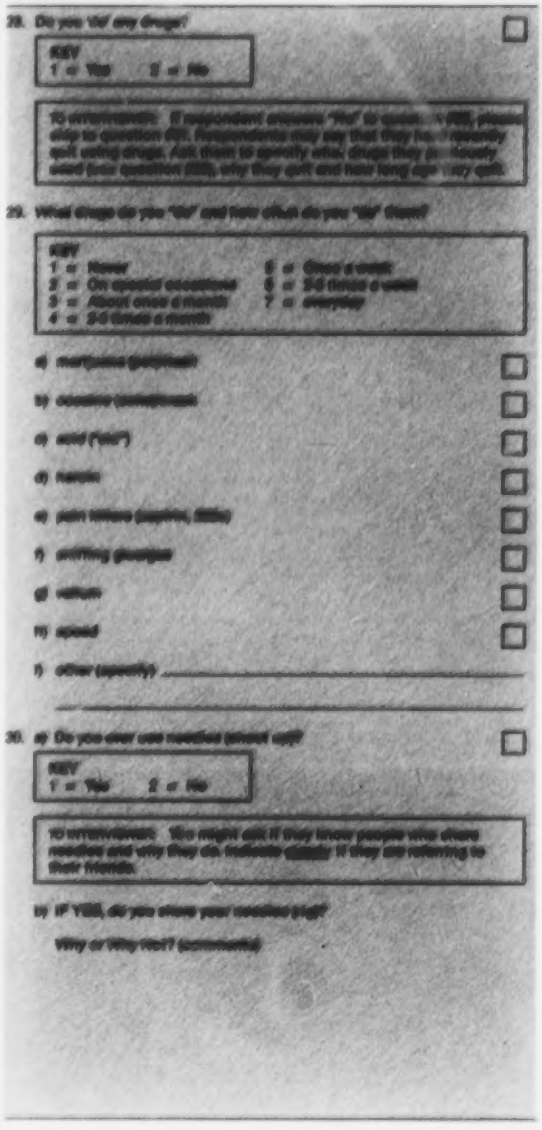
3. The interview

The face-to-face street youth interview paralleled the Grade 11, dropout and college/university questionnaires of the *Canada Youth and AIDS Study*. However, more in-depth questions regarding lifestyle and high-risk behaviours were asked of the street youth. To ensure comprehension during the interview, "street" terminology replaced the more conservative vocabulary used in the school and dropout questionnaires (Figure 1.4).

The street youth interview, which took approximately 40 minutes to complete, included a number of questions about background (age, place of residence, education, employment, socioeconomic status, religion, parents' origin); sources of information (about sex, birth control, AIDS, other STDs); knowledge about AIDS, and other STDs; behaviour (drug use, sexual activity, protection methods); and attitudes (toward themselves, friends, sexual partners, parents, homosexuals, people with AIDS). Other questions dealt with their concerns about AIDS and other STDs, perception of media messages about AIDS, and preferred and least preferred sources of information about AIDS and other STDs.

The interviews gave us primarily quantitative data. The interviewers' "questionnaire" indicated choices in the form of response alternatives, but interviewees were not given these choices for the 31 behaviour and background items. The choices were mentioned only if it was necessary to prompt a response. For the 18 knowledge items the choices of "yes", "no" and "I don't know" were given, and to the 36 attitude items participants responded "true", "false" or "I don't know".

Figure 1.4
Sample items from the street youth interview



In addition, we were able to develop a comprehensive profile of the youth through qualitative data obtained through responses to open-ended questions posed during interviews. For example, youth were asked where they would rather not get help or information about AIDS or other STDs, and to explain their fear or distrust of certain sources, if they had any. More detailed case studies were obtained using a sample of 20 young people who answered extra questions about their life on the street (Figure 1.5).

Figure 1.5
Street youth case history

Interviewer: We are asking you to complete a case history on 6 individuals. The following questions should be asked to provide the structure for case histories. Choose individuals who seem like other street youth and who can spare the time after you have completed the interview. Try to get enough information so that the case history is approximately two pages of text. The physical appearance and general attitude of the respondent should be described as well.

The case history could be in the form of notes or take the form of verbatim responses. We definitely want some "direct quotes" as indicated.

Do *not* do case histories for youth who live in a highly structured environment; i.e., do *not* include someone from a *Centre d'accueil* or a group home.

1. How did you come to be on the street?
2. Day to day, what do you do (where do you eat and sleep)? Over the course of a week, what other different things might you do?
3. If you found yourself in trouble (e.g., pregnant, in jail, sick, etc.), who would you turn to?
4. Do you see yourself changing the way you live? (How and when?)

4. Comparisons

Street youth were compared with over 15,000 young people who participated in the *Canada Youth and AIDS Study* (Table 1.4). Grade 11 (Secondary 5 in Quebec) students, dropouts (early school leavers), and first-year college/university students provided a cross-section of youth ranging between 15 and 20 years of age (Figure 1.6).

The sampling procedures involved in identifying the three comparison groups are briefly discussed below. More details about these procedures are available in the *Canada Youth and AIDS Study* and that study's *Technical Report*.

The Grade 11 respondents were selected on the basis of a two-stage cluster sampling procedure. The first stage was systematic sampling of the school jurisdiction, the second, the random selection of the school class. Post-secondary institutions – colleges, universities, CEGEPs (Quebec colleges) were first stratified by region, then by institution and then by class. For the purpose of this study, only those college or university respondents under 21 years of age were included in the combined college and university comparison group.

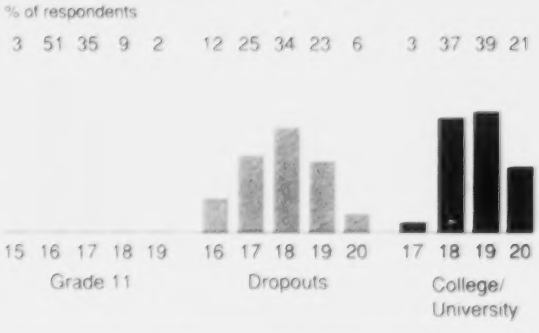
Both the Grade 11 and college/university respondents completed the questionnaires in class. The dropouts, or early school leavers, were identified primarily through secondary school records of the previous two years, and asked to take part in a telephone survey.

Table 1.4
Groups used in comparisons, by gender*

	Male	Female	Total**
Grade 11	4,482	5,115	9,617
Dropouts	576	444	1,033
College/ University	1,763	2,755	4,518
Total	6,821	8,314	15,168

* Respondents from the *Canada Youth and AIDS Study*
** Discrepancies are due to missing gender responses.

Figure 1.6
Groups used in comparisons, by age*



* Respondents from the *Canada Youth and AIDS Study*

E. Report organization

The study considers, throughout, issues related to the risk-taking lifestyles of street youth. The chapters progress toward defining and identifying strategies to prevent the spread of HIV and other STDs among young people on the street.

The family background, school experience, relationships with parents, self-esteem and mental health of the street youth are described in Chapter II. Chapter III further illustrates the vulnerable lifestyles of these youth by describing their transition to the street, daily survival, the role of their peer relationships, their use of social and health services and their plans and attempts to get off the street.

Their knowledge and sources of information about AIDS and other STDs are described in Chapter IV. We point out some common misconceptions and questions and look at the sources of information they would prefer to consult, sources they would avoid and sources used by those with the most accurate information.

Chapter V considers the attitudes of these young people toward AIDS and other STDs. We describe their concern about AIDS and other STDs and their response to people with AIDS and to homosexuals, who are frequently associated with and blamed for AIDS.

In Chapter VI we report what we learned about risk-taking behaviours of street youth related to the contraction and transmission of HIV and other STDs. Their use of protection methods is discussed as well.

In the concluding chapter, key findings regarding the risk of transmission of HIV and other STDs in this population are briefly reviewed. Recommendations to meet the general needs of street youth and to prevent the spread of HIV among them are presented. Finally, guidelines, derived primarily from study findings, for those developing education and prevention programs on AIDS and other STDs are discussed.

The format used in this report is similar to that used in the *Canada Youth and AIDS Study*. Text, which identifies and interprets key findings appears as the inside column on each page; references from the literature, respondents' comments, and figures and tables reporting the findings are displayed primarily in the outside column.

II Characteristics of street youth

Photo by B. Clark

A. Introduction

In this chapter we describe the background and characteristics of street youth and their school and home experiences. Our primary goal is to provide a context for understanding their present attitudes and behaviours.

We sought answers to the following questions: Who are street youth? What is their family background? What kinds of relationships do they have with their parents? How successful are they in school? and, How do their experiences affect their views of themselves? Answers to these questions begin to provide insight into the circumstances that influence the behaviour of these youth.

In discussing the lives of these youth we examined their parents' background, their relationship with their parents, how frequently they moved during childhood, church attendance and school achievement. We also discuss their responses to items about their present mental health status and self-esteem.

Where appropriate we compared information about these aspects of the lives of street youth with those of same-age peers who were still in school attending Grade 11, former students who had recently dropped out of secondary school and first year college and university students. Dropouts differ from street youth in that they generally remain at home and, if not, tend to maintain contact with their families.

We also looked at how street youth characteristics vary according to their gender and lifestyle category.

B. Home life

1. Parents' occupation and education

Compared with the parents of in-school youth, parents of the street youth we contacted were more likely to be employed in lower status jobs; for example, over one half of their fathers were either unskilled or skilled workers. (Fewer of the fathers of street youth were in the professionals and business categories.) Sixty-four percent of the mothers of street youth worked outside the home; over one half of these women held sales/clerical or unskilled jobs (Figure 2.1). Similar

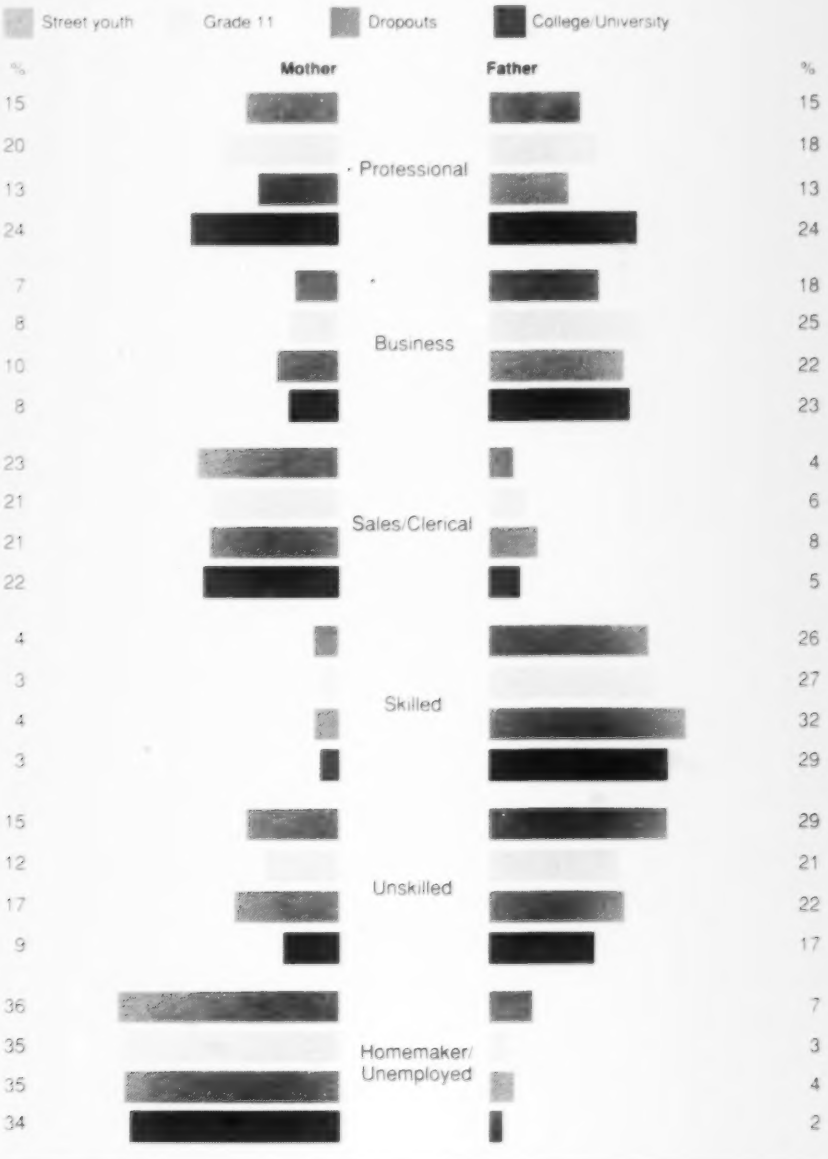
Family background

Youth from a variety of home backgrounds have chosen this alternative ... . (p. 362)

... economic stability does not necessarily bring personal happiness or satisfaction, since many runaways come from middle and upper income families ... . (p. 366)
G.R. Adams and G. Munro, 1979, pp. 362, 366.

Adolescents who leave home are more likely to come from low income families, and the lowest rate of running away is in the middle-income strata ... .
B. Sommer, 1984, p. 133.

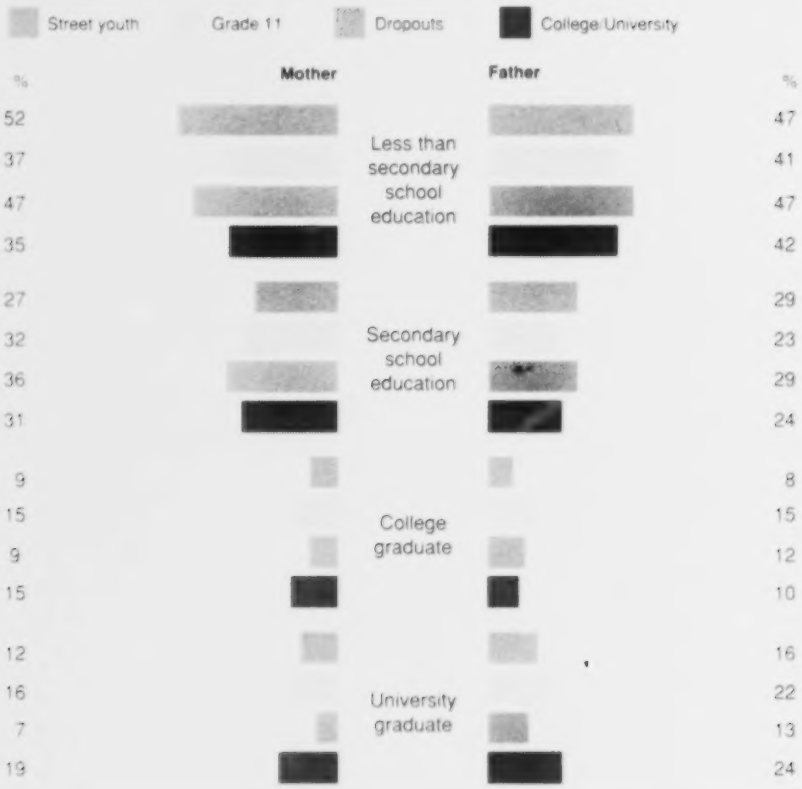
Figure 2.1
Parents' occupation, four responding groups



proportions of the mothers of adolescents in the four groups were housewives. The street youth and those young people who had dropped out of school were raised in homes of similar economic background.

About one half of the parents of street youth had not completed secondary school; their level of education was lower than that of the parents of in-school youth (Figure 2.2). The proportion of street youth parents who were college or university graduates suggests that some street youth were running from middle and upper class homes.

Figure 2.2
Parents' level of education, four responding groups



There were very few differences in fathers' occupation among the five categories of street youth (Figure 2.3). A slightly greater proportion of the youth classified as drug abusers had fathers who worked in a profession or business. However, most of the youth came from homes where fathers were unskilled or skilled workers.

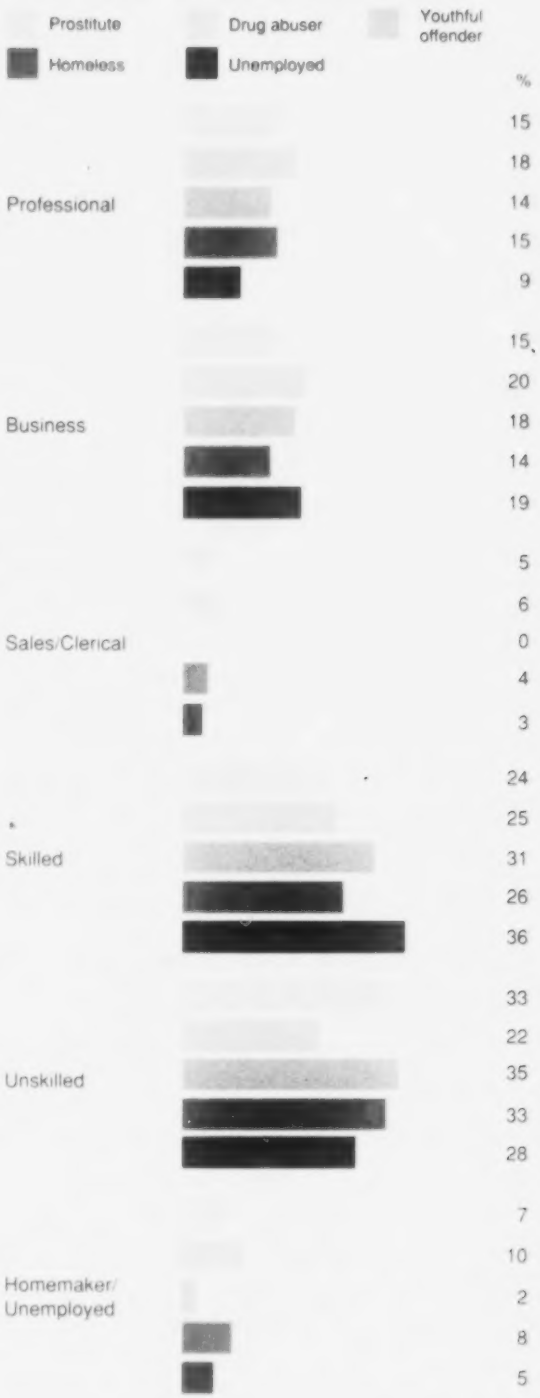
A smaller proportion of the Native youth came from professional or middle class homes. The fathers of almost one half of the Native respondents were unskilled labourers; the fathers of one fifth were unemployed. Three quarters of the parents of Native youth had less than a high school education.

A number of the street youth did not know what level of education their parents had attained or the nature of their occupations; some youth were especially vague about fathers who had abandoned them, were divorced from their mothers or had died. Some of these young people said they had such poor relationships with their parents that they had never discussed their work or their education with them.

2. Family background

The majority of the parents of the street youth were born in Canada (mother 83%; father 77%). More of the foreign-born parents were from Great Britain and the United States (8%) than from any other countries. Although immigrants from many different races and ethnic groups live in the cities in which the interviews were conducted, for example, at the time of the survey 42 percent of Toronto public secondary school students were from outside of Canada (Cheng, Tsuji, Yau & Ziegler, 1989, p. 4), not many children from immigrant families appear to run to the street or use the services available to street youth. The vast majority of the parents of the youth who participated in this study were born in Canada.

Figure 2.3
Father's occupation, street youth by type



Some street youth moved frequently

My mom and dad were in a [musical] band. We were usually at places [different cities] for about six months.
Female, 18-year-old, Drug abuser.

Because of being in foster homes, I moved around a lot.
Male, 17-year-old, Youthful offender.

We moved [a lot]. [I] moved from one place to another. I was like an outsider [at school], everyone hung around together in groups. I wanted to find a job 'cause we never had much money at home. I wanted to move out of the house.
Male, 17-year-old, Unemployed.

[I] moved a lot as a kid. [My] parents had money problems.
Male, 15-year-old, Homeless.

[I] left home at 13. [I] stayed in the same city as my parents, just in a different building. Parents moved a lot due to housing and job problems.
Female, 17-year-old, Unemployed.

For the most part, the youth had grown up in cities or their suburbs (80%). Twenty-five percent of the young people interviewed had been raised in Ontario, 20 percent in Quebec and 12 percent in British Columbia. Twenty-four percent were originally from the Prairie provinces, 14 percent from Atlantic Canada, 1 percent from the Territories and 4 percent had grown up in the United States.

The assumption that street youth are usually from families where residential mobility is common did not hold. Over three quarters of these adolescents said they had experienced very little uprooting while growing up. Sixteen percent reported moving more than twice. A few, however, had experienced frequent moves: seven percent said that during their younger years they had moved between four and six times, and five percent had moved seven times or more.

The Native youth respondents had experienced very little change of location as children; 80 percent had never moved. Their geographic stability may be related to the fact that their families typically lived in Native communities or on reserves. Compared with the non-Native street youth, more of the Native youth had been raised in rural areas and small towns (44%).

3. Church attendance

Many of the youth (58%) reported that they had attended church regularly in their younger years. This far exceeded the 28 percent of the youngest respondents in the Canada Youth and AIDS Study who reported regular church attendance - these respondents were Grade 7s who averaged 12 years of age. Only 17 percent of the street youth said they had never gone to church as children. After leaving home the youth were significantly less likely to attend church than were young people who were in school or who had recently dropped out of school (Table 2.1). A few said that, while on the street, they had attended services held at drop-in centres run by church groups.

Table 2.1
Current church attendance patterns, four responding groups

	% of respondents			
Frequency	Street youth	Grade 11	Dropouts	College/ University
Weekly	8	21	10	22
Now and then	10	19	17	22
Special occasions	17	31	28	34
Never	66	29	45	22

Home life

Rejection at home and in school characterizes the lives of runaways, limiting their options and, ultimately, spoiling their self-images and forcing their hands: when they run, they tend to do so impulsively, as if on command, in desperate flight from despair, self-abnegation, and the loneliness of persons nobody needs or wants ... . Homes that spawn runaways are typically marred by high rates of internal conflict, divorce, residential mobility, and death.
R. Johnson and M.M. Carter, 1980, p. 485.

D'Angelo (1972) points out that most of the runaways he interviewed had problems with home life, reflected in alienation from parents, expectations of religious behaviour, self-concept and school adjustment.
G.R. Adams and G. Munro, 1979, p. 364-365.

4. Relationship with parents

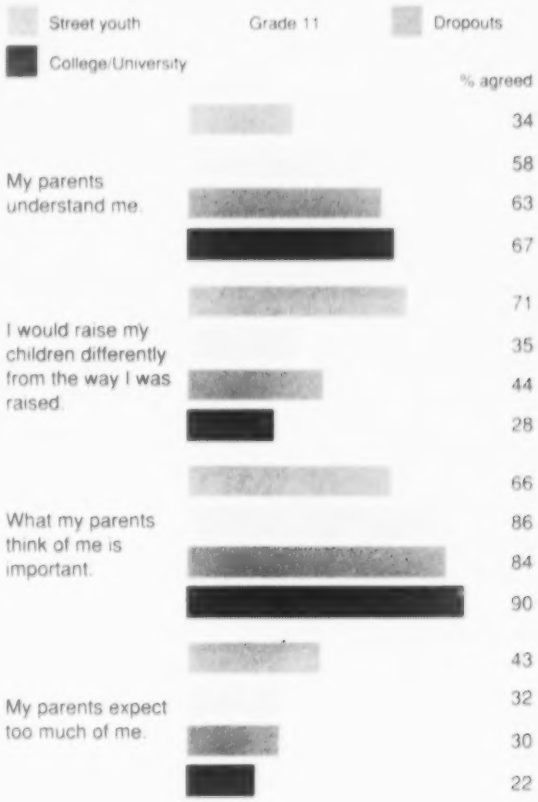
We asked the youth to respond to four items about their relationship with their parents, and compared their responses to those of Grade 11, dropout and college/university respondents. We expected street youth to report less satisfying relationships with their parents than young people in the other three groups.

As expected, poor relationships with parents were repeatedly reported by street youth (Figure 2.4). Only one third of the youth agreed that their parents understood them while more than one half of the other adolescent respondents felt understood at home.

A number of street youth said their parents had forced them to leave their homes because of interpersonal conflict. Many of those who had difficulty getting along with their parents were members of blended families. In such cases the interviewee reported that dissolution of their parents' marriage and the subsequent involvement of either or both parents in a new relationship caused disharmony in the family. The adolescent's response to the new family member or the hostility of the stepparent then precipitated his or her rejection.

A large number of the street youth described chaotic home situations. The most extreme accounts involved parents or guardians who were alcohol and/or drug addicted, violent, sexually abusive or mentally ill. Many had run to protect themselves from the physical and sexual abuse, emotional abuse or neglect prevalent in their dysfunctional homes. It was not surprising that almost three quarters of the youth, compared with only one third of school youth, agreed that they would raise their children differently from the way they had been raised (Figure 2.4).

Figure 2.4
Relationship with parents, four responding groups



Parental relationships

Street people have widely varying relationships with their families. Some report being the family's "black sheep", cut off from all financial or social support as long as they fail to meet important parental expectations concerning education, employment, and life-style characteristics.
S. Segal, J. Baumohl and E. Johnson, 1977, p. 393.

Contrary to a lingering perception of runaways as adolescent adventurers, most are victims of dysfunctional families and are fleeing from a stressful environment ... . Only half of all runaways have a realistic prospect for returning home, often because home continues to be chaotic and parents remain abusive.

... [youth are] kicked out because family resources are inadequate to support them, or parents cannot handle the adolescent.
P. Hersch, 1988, p. 31.

Parent-youth conflict, physical abuse, and school problems continue to emerge as situational variables which are associated with adolescent runaway behaviour ... . It has been shown that the majority of the youths in this study fled from their homes when the home situation became so stressful that it could be tolerated no longer. The types of stresses with which these adolescents were faced include alcoholism, physical beatings, death of a parent, divorce, a parent's long-term unemployment, and their own or a parent's severe illness.
A.R. Roberts, 1982, p. 25

Figure 2.5
My parents expect too much of me, street youth by type and gender

In a few instances parents relinquished their parental responsibilities, telling children to leave because they could no longer afford or tolerate them. For these disadvantaged youth the street appeared to offer as much security and support as their families did. Nevertheless, a large proportion of the street youth regarded what their parents thought of them as important; in comparison, higher proportions of all other groups also valued parental approval (see Figure 2.4).

What youth perceived as parents' excessive control or high expectations also resulted in unhappy relationships. There was a stronger feeling among street youth than among other respondents that parents expected too much of them (see Figure 2.4). Females, especially prostitutes, more than males thought parents' expectations were too high (Figure 2.5). Those youth who believed their parents had low expectations of them interpreted this as evidence that their parents did not care about them at all.

Street youth talk about conflict with parents

[I had] conflicts with my parents. I moved out and quit school. They disagreed with the people I hang out with. My dad drinks a lot.
Male, 18-year-old, Drug abuser.

I didn't decide to live on the street, I moved away from my parents - they were suffocating me. I had no freedom, they didn't trust me.
Male, 17-year-old, Drug abuser.

My aunt [legal guardian] kicked me out 'cause we got in an argument over a birthday gift that I bought for my cousin. She started bringing up my past and threatened to send me back to my adoptive family who sexually abused me. She told me to get out the next day. I left, went to school and never went back.
Female, 17-year-old, Homeless.

I don't want them [people] to [care about me]. The people who are supposed to care about me don't.
Female, 17-year-old, Drug abuser.

They didn't understand me the day I was born.
Male, 18-year-old, Homeless.

As Figure 2.6 indicates, prostitutes had the poorest relationship with parents whereas youthful offenders were more likely to feel understood by their parents and the unemployed more likely to value what their parents thought of them.

The Native youth tended to feel slightly more positive toward their parents than did the other youth; a higher proportion of them than of the non-Native street youth agreed that their parents understood them and that their parents' perception of them was important. More Native youth indicated, however, that they would raise their children differently from the way they had been raised (Figure 2.7).

Figure 2.6
Relationship with parents, street youth by type

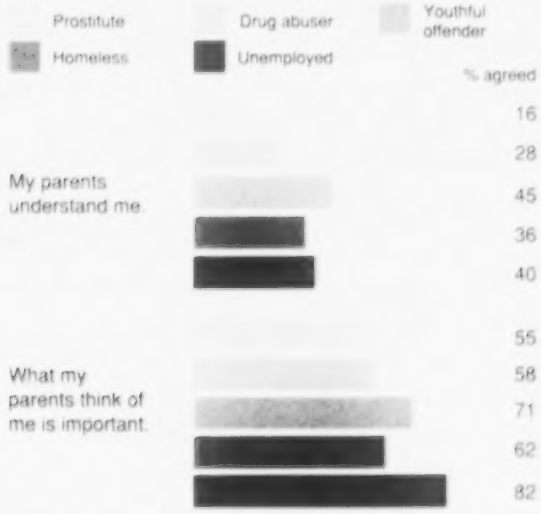
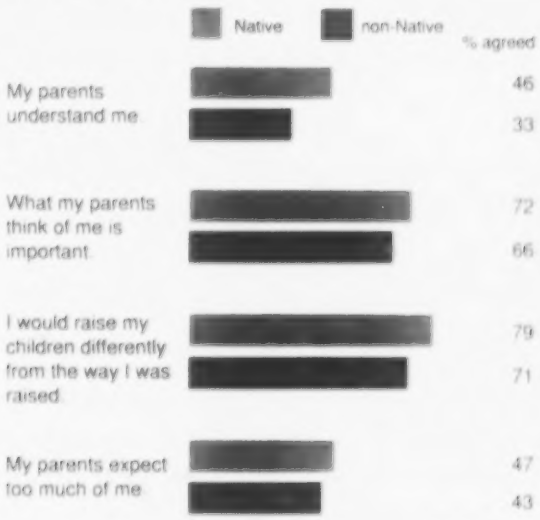


Figure 2.7
Relationship with parents, Native and non-Native street youth



Street youth lack formal education

The average level of education attained by adolescent prostitutes is grade nine. However, this low level should not be considered as indicative of their potential or ability. Many personal factors impinge on their school performance: problems in the family that affect their ability to concentrate; frequent family moves or constant change in foster care placements; and feelings of isolation and loneliness arising from the difficult experience of having to constantly make new friends.
F. Mathews, 1987, p. 17.

Eight of the 14 runaways dropped out of high school before graduating; only six completed high school, and this only with considerable difficulty. None went beyond high school. These abbreviated school careers contrast sharply with those of the runaway siblings who, with one exception, all received their diplomas around the expected age of 18 ... . Trouble with school manifested itself not only in the runaways' premature departure, but also in the serious academic problems they encountered there.
L. Olson, E. Liebow, F.V. Mannino and M.F. Shore, 1980, p. 169.

C. School experience

1. School status

Two thirds of the youth said they were not enrolled in school at the time of the interview. Although the remainder indicated they were attending school, either full (26%) or part-time (11%), they were typically not enrolled in a regular school program. The majority of those who said they were in school had previously dropped out of school, but were presently receiving academic upgrading and/or job-skill training in government-sponsored programs or attending alternative schools offered by school boards to students who had difficulty coping in regular school environments. Some were living under the protection of an agency, such as a group home, whose policy demanded that they continue their education. Others who lived at home some of the time were enrolled in school but were absent a great deal and spent most of their time on the street.

Photo by J.P. Lemay

Going from the street back to the regular education system was generally considered by these young people to be a very difficult transition, although many insisted they would be returning to school once they had more permanent accommodation and a stable income.

2. Grade at time of school leaving

A small proportion of the street youth who indicated they were not in school at the time of the study had graduated from secondary school (Figure 2.8). However, most of those who had left school did so before reaching Grade 11 with the greatest proportion having left sometime during Grade 10 (Figure 2.8). Slightly more males than females had quit school by Grade 10. They may have left school at this time in such large numbers because they could then legally do so (that is, at age 16). The legal age of school leaving did not seem to be an important issue for all street youth; 17 percent of them had left school before reaching Grade 9. Female prostitutes and youthful offenders were the most likely to have left before completing Grade 10.

One third of the Native youth left school before entering Grade 9. Only one individual from this group had graduated from secondary school.

Early school leaving reduces career options

The school is recognized by many of the alienated young people as the path to a better future, but one that is forced on them, intrinsically lacks appeal to many of them ... . In some instances schools have found them so difficult that they become "pushouts."
S. Bernstein, 1964, p. 30.

Many career paths are closed or remain unexplored as a result of an adolescent's decision to work in prostitution.
F. Mathews, 1987, p. 24.

By the act of running away without employment skills or plans, the youth becomes vulnerable to the dangers of survival in the unprotected environment of the street.
M.D. Janus, A. McCormack, A.W. Burgess and C. Hartman, 1987, p. 115.

Figure 2.8
Grade at school-leaving*, street youth

* Excludes those who [illegible] left school (11%)

Returning to school is difficult

I'd like to go back to school, but I've been out a year. If I went back next year I'd be 18 years old in Grade 10 and that doesn't suit me too well.
Male, 17-year-old, Youthful offender.

[I had] no money, no way to get to school. I hitched for awhile. I was sleeping around for money – [I was] too tired [to go to school].
Female, 17-year-old, Prostitute.

[I'd like to] go back to school and quit drinking.
Female, 17-year-old, Drug abuser.

Dad was an alcoholic, if I had stayed with him I'd have stayed in school. [At school] I was trying to learn computers and go to college for that; now I just want to finish high school and get a job.
Male, 17-year-old, Homeless.

Figure 2.9
Aspirations while in school, street youth and Grade 11 respondents

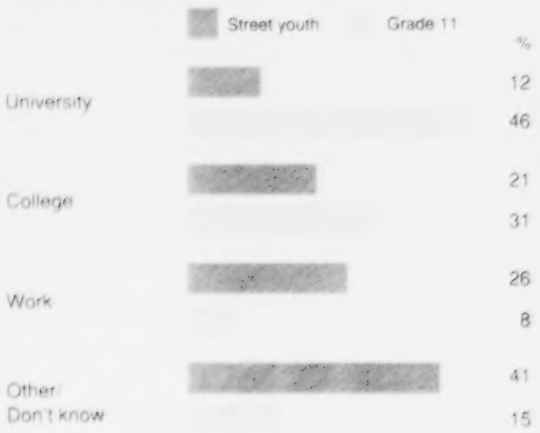
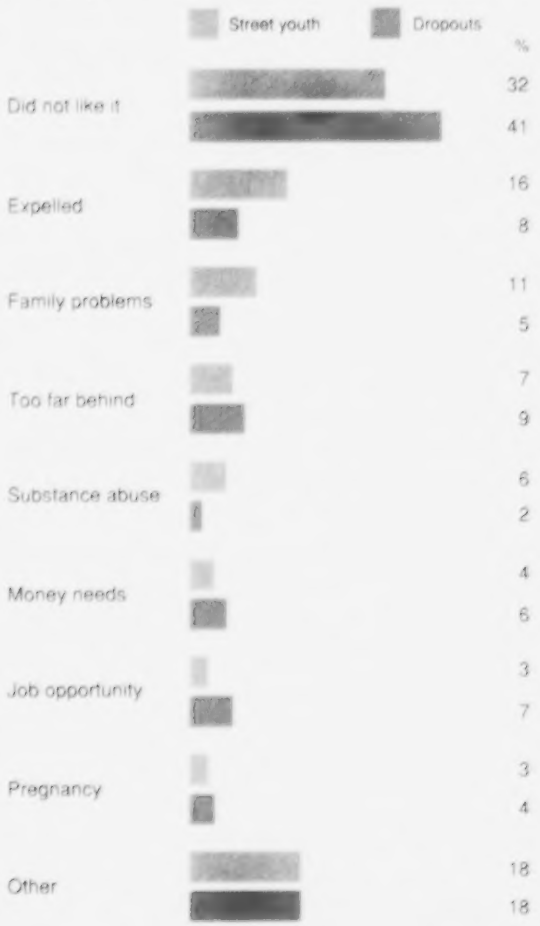


Figure 2.10
Main reason for leaving school, street youth and dropout respondents



3. Aspirations when in school

While at school, the street youth had been less academically ambitious than the Grade 11 students surveyed (Figure 2.9). Far fewer street youth than those in our Grade 11 sample were taking courses leading to college or university. One quarter of the street youth said they had not planned to attend a post-secondary institution, but were hoping to secure employment. Very few of the street youth who had dropped out, however, mentioned that a job opportunity (5%) or money problems (8%) had actually influenced their decision to leave school early.

Approximately one fifth of the street youth were uncertain what their plans had been while attending school. Others said they had intended to learn a trade, pursue a musical career or join the military.

4. Reasons for leaving school

Common reasons given by the youth for quitting school were related to problems at school and were similar to those offered by dropouts (Figure 2.10). One third of the street youth claimed they left school because they did not like it. Sixteen percent, mostly males, had been expelled from school for fighting, substance abuse or truancy.

Only a small proportion of youth in either group claimed that they were too far behind to make graduation possible within a reasonable time, although one of our recent studies of early school leavers clearly showed that failure is the main reason young people drop out of school early and that the vast majority of dropouts leave when they realize that graduation is too remote a possibility (King, Warren, Michalski & Peart, 1989). Numerous other researchers have identified a relationship between runaway behaviour and poor school performance, generally arguing that problems at school may bring children into conflict with their parents. As well, severe conflict in the home unrelated to school issues causes the school performance of some adolescents to decline. Young people in either situation may prefer to run from home and school rather than face the criticism of parents and teachers.

Runaway behaviour related to poor performance in school

A consistent body of research suggests that most runaway behaviour is preceded by school problems.
G.R. Adams and G. Munro, 1979, p. 364.

The school serves as an arena for failure for children reared in the formative environments that characteristically produce runaways. Rejects at home, they become the "outs," left out again in the school. ... their chronic truancy – their need to escape the school milieux that brutalizes them – is the functional equivalent of running away from home.
R. Johnson and M.M. Carter, 1980, p. 486.

Other literature would suggest that school difficulties are merely symptoms of pressure and conflict within the family. Perhaps extreme parental expectations or family interaction dysfunctions are the causal pressures that push adolescents into coping by running. Finally, some evidence suggested that school related causes behind running may be more evident for males than females.
R.L. Young, W. Godfrey, B. Matthews and G.R. Adams, 1983, p. 277.

Disturbed family relationships coupled with poor school performance, and time spent with antisocial peers who themselves run, markedly increases the likelihood of an adolescent running away from home.
B. Sommer, 1984, p. 137.

Why they quit school

I was getting frustrated, not being able to read very well and I didn't want anybody to know so I had a choice - either get kicked out or quit because of that.
Male, 16-year-old, Unemployed.

My mother was sick a lot and I was absent a lot of the time. When I went back I found it was too much to catch up on.
Female, 19-year-old, Unemployed.

It [school] just wasn't right for me - I couldn't handle it at the time - fed up with it. I was having problems at home. Looking back I brought it on with the drugs and everything else.
Female, 19-year-old, Unemployed.

I found I wasn't getting enough attention. I needed more help than they could give me. There were too many people in the classes.
Male, 17-year-old, Unemployed.

I have lots of things happening and I just couldn't handle going to school. I don't attend very often. My dad puts me down all the time and tells me I'm too stupid to be in high school. I take my dad's word too seriously.
Female, 15-year-old, Homeless.

School's a drag, besides I'm not smart enough for it.
Male, 17-year-old, Homeless.

I didn't feel like sticking around [school] when I found out I was pregnant. People ask too many questions.
Female, 17-year-old, Homeless.

[I] got kicked out of the group home and school was with the group home - they lost my files for school and now I can't go back.
Male, 18-year-old, Unemployed.

I got involved with having fun, "partying," the excitment of prostitution and everything [on the street].
Male, 17-year-old, Prostitute.

Why Native street youth quit school

[I'm] in a tutorial school three days a week, but I don't go often. I had a hard time at school, the kids there use to call me "squaw".
Female, 16-year-old, Unemployed.

I figured I knew it all [at school]. No one could tell me anything. Got wise now. There's nothing out there [on the street] for young kids. [You're] better off to stay at home until 18. They [kids] have to make the right decisions.
Male, 18-year-old, Homeless.

[I] didn't want to quit, but [I] had trouble with the law. [Spent] one year in jail for a B and E [break and enter] and auto theft.
Male, 16-year-old, Youthful offender.

[I] just didn't go back one day.
Male, 16-year-old, Youthful offender.

A slightly higher proportion of the street youth than the dropouts left school because of personal or family problems. Approximately one fifth of the runaway adolescents, compared with 11 percent of dropout respondents, quit school because of pregnancy, alcohol or drug addiction and family conflict (see Figure 2.10).

As previously mentioned, not many street youth left school because they needed money or were offered a job; slightly more dropouts left for these reasons. Just under one fifth of the street youth gave other reasons for dropping out: some left to go to jail, to get away from home, to be on the street, and because of personal health and emotional problems or a parent's illness. Native street youth mentioned similar reasons for leaving before graduation.

D. Mental health

Previous research has indicated that a substantial number of street youth suffer from emotional problems that may partially explain their inability to adjust and cope at home. Unable to fit in at home or at school, they opt for a life of vagrancy and try to maintain a level of self-sufficiency on the street. It is unclear whether young people's emotional problems are antecedent to or the consequence of their runaway behaviour. A dysfunctional home environment has been found to be linked to acting out behaviours and emotional problems in children. On the other hand, the emotional problems of street youth may have resulted from what they experienced while on the street or longstanding problems may have been compounded by the stressful street lifestyle.

Mental health

Leaving the stressful family situation does not result in a reduction of stress, but rather in the presentation of seemingly pathological behaviors. We suggest that symptomatology traditionally associated with runaway youths and present in the runaways in our study is a stress response to an abusive environment, first at home, and then on the street. We propose that their delinquent activities are a maladaptive strategy employed to survive the hostile and abusive environment of the street.

M.D. Janus, A. McCormack, A.W. Burgess and C. Hartman, 1987, p. 50.

Among runaway youth, there is a high prevalence of a problem behaviour pattern in which youth are likely to suffer from multiple unpleasant mood states, such as from both anxiety and depression, as well as having conduct problems ... . For some adolescents, being depressed may make them more likely to engage in unprotected sexual intercourse or other behaviour that increases the likelihood of their being exposed to HIV.

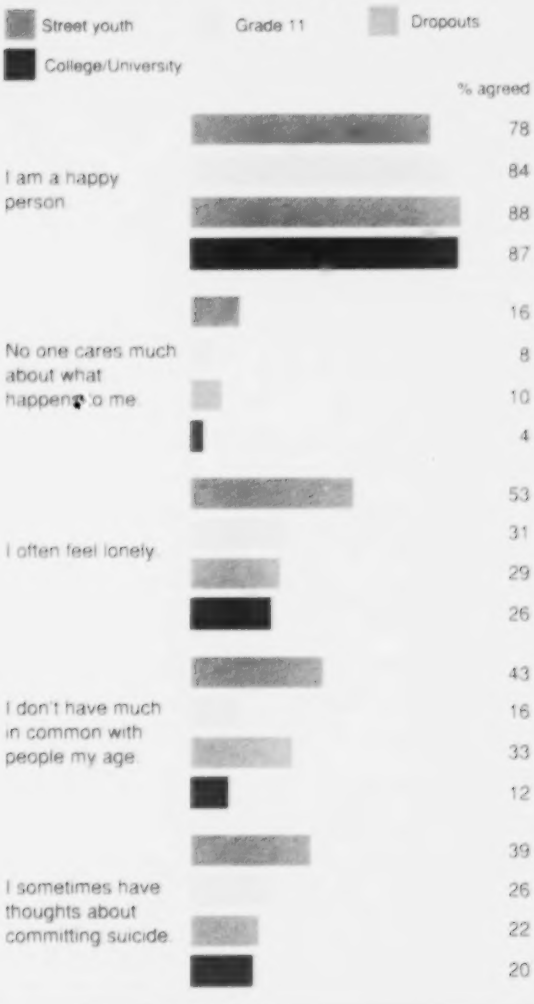
M.J. Rotheram-Borus, C. Koopman and J.S. Bradley, 1988, p. 18.

Twenty-two percent of a young vagrant population reported on in this study, and believed to be representative of similar groups in many American cities, have been hospitalized for psychological disorder. (p. 387)

Youths who have been hospitalized report that their families "don't understand my problems," "had me committed in the first place," "want to put me away," or "simply hate me". (p. 393)

S. Segal, J. Baumohl and E. Johnson, 1977, pp. 387, 393.

Figure 2.11
Mental health, four responding groups



Our measure of mental health incorporated five items related to feelings of happiness, loneliness, being loved, having friends and committing suicide. To test the assumption that these young runaways experience greater mental health problems than other youth, the responses of the street youth to the five mental health items were compared with those of the other three groups (Figure 2.11).

The vast majority of individuals in all groups claimed that they were happy people. It is perhaps difficult to believe that street youth consider themselves happy, but many of these youth were relieved to have escaped stressful, if not abusive, home environments. For some, living on the street meant disengagement from problem families and the demands of school; the street offered a more carefree lifestyle. More often than not these young people attributed their being on the street to their situation at home rather than to their own personal problems - they saw themselves as the victims, not the causes, of their unfortunate circumstances.

Although most members of all the groups believed there were people who cared about them, over one half of the street youth often felt lonely compared to less than one third of each of the other three groups. Their circumstances had left many of these youth without a support system; they were cut off from parents and family and many were distanced from same-age peers with whom they felt they had little in common. Slightly more female (57%) than male (49%) street youth expressed feelings of loneliness.

Photo by B. Clark

We met street youth who suffered from serious emotional problems. Some had manifested self-destructive, maladaptive behaviours, such as substance abuse and suicide attempts, had undergone treatment and had, at times, been institutionalized. One fifth of the young people had undergone treatment for drug and alcohol addiction while over one third admitted to having thoughts of suicide. By comparison, one quarter or fewer of the other three groups said they had thought about killing themselves (see Figure 2.11). The comments which appear here are from youth who had tried to take their own lives. Youth involved in prostitution, most notably females, reported the strongest suicidal tendencies (Figure 2.12).

Overall, the youth involved in prostitution appeared to have the most serious problems; they were most likely to feel lonely, unloved and distanced from their peer group. Female prostitutes tended to suffer from greater emotional problems than male prostitutes.

Emotional problems

I've been in group homes since I was 17. Before that I was in psychiatric wards for manic depression. I'm a bit anorexic - if I get into a state I'll stop eating. I blocked [out] my mom's death - may have set off my problems.
Female, 19-year-old, Homeless.

I didn't like school, I couldn't handle it. I've always thought of myself as a loner and hated people telling me what to do. I've always hated authority. Sitting down in class was like "no way". I couldn't handle it when I was a kid, I was too hyper. When I went to high school they wanted me to see a psychiatrist to see if I was retarded or something. I wouldn't cooperate. I was sent to a K-unit (psychiatric ward) in Dartmouth for a 30-day evaluation and I failed.
Male, 19-year-old, Homeless.

[I've been] running away since 13. I used to go on the run a lot - for a week or so, [I'd] get caught and come back [home] and then leave again. Also, spent time in a psychiatric institution, spent one year there - for emotional trouble.
Female, 16-year-old, Unemployed.

My mom committed me. [I] had been in the hospital for a month before this week. I was doing a lot of drugs and I was really screwed up, a lot of my friends were worried about me.
Female, 16-year-old, Homeless.

I ended up going into the "bug" [psychiatric] ward. I was doing "ts" and "rs" [talwin and ritalin] for a long time and when I was coming off [I] thought I was going insane. They treated me for drugs in the "bug" ward.
Female, 18-year-old, Homeless.

Figure 2.12
I sometimes have thoughts about committing suicide, street youth by type and gender

Suicide attempts

I'm suicidal - I've tried - last year about six times. [I] jump in front of cars, slash wrists, tried jumping off a bridge, but I was stopped. ... sometimes I hate myself so much I just grab anything I can, a bottle, and crack it and start slashing at my body. It's not for attention, I really hate myself.
Male, 18-year-old, Drug abuser.

I slit my wrists and took pills while living at home. My step-father beat me up a lot because he always thought I was trouble.
Female, 16-year-old, Homeless.

I was in the hospital for two and a half weeks [because] I tried to "o.d." on migraine headache pills, Tylenol and Gravol. It didn't work, just made me really sick. When things got bad I wanted to do it - I wanted to die. I used to carry a razor blade with me all the time and I planned my death.
Female, 17-year-old, Homeless.

I have tried it [suicide]. I was drinking and took 37 Anacin tablets - made me sick.
Male, 17-year-old, Homeless.

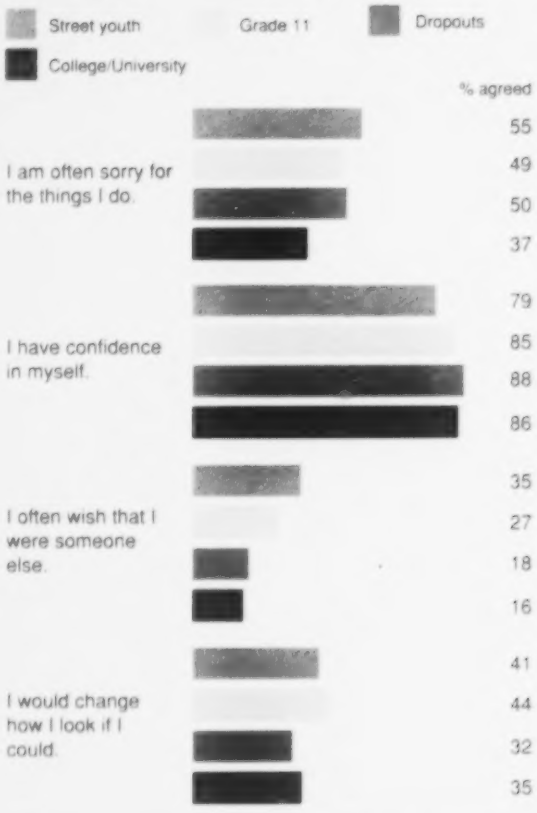
I've been labelled as a paranoid schizophrenic. I hear voices that constantly tell me to kill myself.
Male, 18-year-old, Unemployed.

I had no one to help me. I was really suicidal, especially when I was with Phil [her pimp]. I tried to kill myself, I took pills, but we were visiting his family. I got scared and told his aunt what I did. I'm glad now I didn't die. They made me drink maple syrup and I was sick.
Female, 17-year-old, Prostitute.

Unemployed youth were the most socially integrated of the five street youth groups. These young people were actively attempting to extricate themselves from the street and establish a more stable lifestyle.

A person's mental health is closely related to his/her self-esteem. Our seven self-esteem items incorporated factors such as self-confidence, ability to make decisions, level of personal regard, acceptance of physical appearance and feelings of powerlessness. We assumed runaway youth would have lower self-esteem than their in-school peers and other youth who had dropped out of school. However, the vast majority of the street youth (82%), along with Grade 11 youth (85%), dropouts (91%) and college/university respondents (90%) agreed that they liked themselves. Male more than female street youth reported this. Female prostitutes liked themselves the least. Street youth responses to the four self-esteem items reported in Figure 2.13 were similar to those of the other three groups indicating that their self-esteem was slightly lower.

Figure 2.13
Self-esteem, four responding groups



Prostitutes appeared to suffer from greater emotional problems than the other street youth; they felt more remorseful about their behaviours (67%), had greater difficulty making decisions (60%) and fewer had confidence in themselves (64%). Prostitutes were also the least satisfied with themselves; over one half of them said they would change how they looked if they could and almost one half wished to be someone else. Nearly as many male prostitutes (55%) as females (58%) said they would change their looks if they could while female prostitutes (51%) were more likely than males (36%) to say they wished to be someone else.

There were substantial differences between street youth and the other three groups on the two items about indecisiveness and powerlessness (Figure 2.14). Street youth indicated that they had greater difficulty making decisions and felt less in control of their lives. This is perhaps understandable because the street youth had chosen to rebel against many of society's values; they had dropped out of school and adopted a lifestyle in conflict with what was expected of them.

There were some differences between the responses of Native and non-Native street youth on the mental health and self-esteem items. A greater proportion of Natives than non-Natives said they often felt lonely (62% to 52%) and that they had little in common with peers (56% to 42%). As well, Native street youth were more likely than non-Native street youth to have trouble making decisions (62% to 50%) and to wish they were someone else (44% to 34%). The proportion of Native youth who had considered suicide was not much higher than that of non-Native street youth (Native, 41%; non-Native, 38%).

Prostitutes talk about their lives

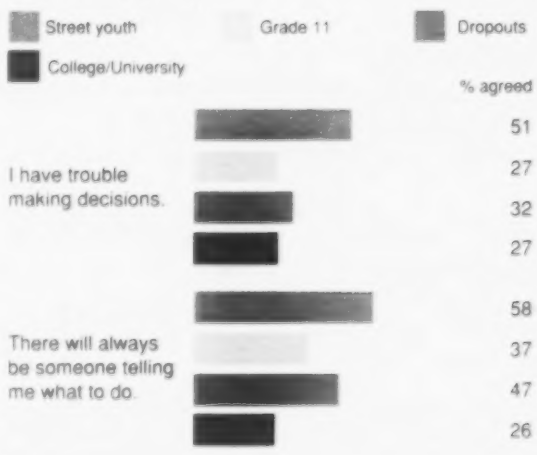
I've been involved in prostitution for two years. I'm ashamed about my situation.
Female, 15-year-old, Prostitute.

[I'm] trying to face [my] history and stay clean, away from drugs and alcohol. This is my third attempt.
Female, 16-year-old, Prostitute.

Look where it [drug use] got me. I started to steal and "hook" in order to get drugs. Now I'm in here [a rehabilitation centre]. I screwed my parents around - stole from them. It was too much.
Female, 16-year-old, Prostitute.

Some of them [prostitutes] want to get out but they can't - either their pimps will get them or if they go to jail their [pimps'] friends will get them. Most of them won't beat them up, they'll get them high; sucker up and then con them [or] threaten them.
Female, 16-year-old, Prostitute.

Figure 2.14
Indecisiveness and powerlessness, four responding groups



E. Summary

The home and school experiences of street youth and in-school youth were quite different whereas street youth and dropout respondents had more similar backgrounds and characteristics. The fathers of both street youth and dropouts tended to hold lower status jobs, although, some street youth in our sample had been raised in middle class homes. Surprisingly, the households in which street youth were raised appeared quite stable and traditional; they reported attending church frequently and most had not moved many times during childhood.

The relationships between street youth and their parents can be characterized as poor; they reported far more interpersonal conflict at home than all other young people surveyed. Running away may have been a sound decision for those youth who had been subjected to emotional and physical abuse at home.

Most of the street youth had quit school before reaching Grade 11. Their reasons, mostly school-related, for leaving school prior to graduation were similar to those indicated by the dropout respondents. However, more street youth than dropouts reported leaving school because of family conflict and personal problems.

The unstable lifestyle of street youth had had some negative effect on their self-esteem and emotional well-being, but its impact was not as pronounced as we anticipated. They appear to have developed a positive perception of themselves based on their ability to adjust to street life. Nevertheless, their own statements indicate that they have little to be self-confident about and appear to contradict their professed self-assurance. Most face life with few marketable skills and without having completed high school. They have no secure support network. Significant proportions of them admitted to being lonely, having trouble making decisions and being, at times, suicidal. Female prostitutes seemed particularly prone to feelings of loneliness, low self-esteem and thoughts of suicide.

III The street experience

A. Introduction

In this chapter we describe the experiences of runaway youth and pay particular attention to the influence of street lifestyles on their health. Those developing health promotion and education strategies for street youth should understand the circumstances that motivate adolescents to run to city streets and know as much as possible about how they live. It is within the context of their street experience that change must occur.

We examine why youth leave home, how they survive on the street and note the importance and influence of friends within their subcultures. The social service agencies that attempt to meet the basic needs of these young people are described along with how the agencies are viewed by these clients. In depicting their lives we consider their reasons for leaving home, runaway patterns, living accommodations, eating habits, economic means, personal health and hygiene, free time, relationship with peers, availability and use of social and medical services and plans for leaving the street.

In addition to the responses to our structured interview, the youth provided us with a great deal of commentary on their lives. Youth who, at the time of the interview, were removed from street life spoke of their previous street experiences. These personal disclosures offered valuable insight into their subcultures.

Differences between street youth and other youth who were both in and out of school are noted where appropriate, as are differences among the five categories of street youth.

Life

I didn't ask to be born,
So why do people scorn,
The way I live and morals,
Why do I get into so many quarrels?
Fight and kill, no love, just hate,
I guess a rough life is my only fate.
I'm a rebel who no one can tame,
Hurting and fighting is my only game.
My life is a nightmare, but nobody cares,
I walk down the street and society jeers.
If you don't agree with the life I live,
Then why don't you help, why don't you give?
All you do is cry and mourn,
Just remember I didn't ask to be born.
Female, 17-year-old, Homeless.

Street youth feel misunderstood

I find street people neat. They're more open. Neighbours at the [group] home have kids and they call them in when they see any of us outside. Most of us wouldn't step on a spider. Neighbours have petitions going all the time to get us out. So I like talking. People need to be educated about who we really are.
Female, 17-year-old, Homeless.

I think it should be mandatory for kids in school to be educated about street life. You need to be taught responsibility for yourself in case you need to move out [of home]. Parents ban a lot of things in school. A lot of kids don't know their rights. Why aren't there pamphlets in schools about where you can go for help if you have to leave home?
Female, 18-year-old, Homeless.

[On the street] it's like we're part of the sidewalk and they're [society is] walking on us. How do they know we're able to get a job? People think we're just having fun. Half the people who walk by and yell "get a job" are from other countries and the government helps them before they help us. If I could work, I'd work - if there's a job I could work at and enjoy it and be happy, I'd do it. I like panhandling - I'm just letting people know I need help.
Female, 19-year-old, Homeless.

Why they leave home

The point of multiple motives and types of runaway is evident in the literature with some studies showing that running away is an indicator of severe emotional problems and connected with other illicit behaviours such as truancy, alcohol abuse, and delinquency. ... In contrast, other studies focus on running away as a healthy response to a difficult home situation or as an indicator of adventurousness. There is also the category of "throwaway" - youth categorized as runaway but who in fact have been overtly rejected by their families.
B. Sommer, 1984, pp. 134-135.

[The reasons cited by runaways as most important in accounting for their behaviour] were, in order: difference in values from parents, a need for independence, and issues of parental control. Personal behaviour patterns such as dress, sexuality, or drug use were rated among the least important reasons.
R. Loeb, T. Burke and C. Boglarsky, 1986, p. 923.

... children are attracted to the street by the freedom and excitement it seems to offer. They run to escape parental control, boredom with their lives and other conditions in their home environments which they perceive as extremely negative.
A. Pellatt, 1988, p. 8.

Abused at home

I left home because my parents are weird. My dad is an alcoholic. I started running when I was 12. There's runaways and throwaways - I'm a throwaway - they kicked me out. Basically, because I asked to go out two nights in one week - he started beating me. I'm never going to talk to them again.
Female, 17-year old, Drug abuser.

I was abused in my home - my mom finally kicked me out. I went to the streets. I used to go back home and see my brother - I'd live there off and on. I'd hang around [until the fighting started] then go to a friend's. I'd go to parties 'cause that would be a place to crash or I'd get a girlfriend who had a place. But I always had a place to stay... . I never really had a home - we had no furniture - if we had mattresses, we were lucky. There was never any food for us.
Male, 17-year-old, Homeless.

[I'm] bisexual and still coming to terms with it. My parents are religious fundamentalists and they used to beat me to cleanse my soul of bisexuality. And then my mom wouldn't touch me because I still said I was bisexual.
Female, 18-year-old, Homeless.

I've tried twice to commit suicide, both times so that people would believe me when I told them my brother sexually abused me. I'm from a small town. Sexual abuse is not something that's talked about. My mother didn't believe me until my second attempt. Now I have to decide whether to press charges against my brother.
Female, 16-year-old, Homeless.

B. Transition to the street

1. Why they run

Researchers agree that the interrelated factors of family conflict, stress, poor school performance and interpersonal conflict account for the running episodes of most adolescents. Many of the young people we interviewed identified conflict between themselves and their parents or guardians as the major factor in their decision to leave home. As described in Chapter II, street youth were less likely than other youth to feel understood by their parents and were less concerned about what their parents thought of them. Some young people said they had left home in search of independence from parents who expected too much of them.

We learned of homes in which parents or guardians who were alcohol- or drug-addicted, violent, sexually abusive, mentally ill and/or criminals threatened the well-being of their children. Many females commented that they had been sexually molested as children and had finally run away to escape the abuse. These data are further discussed in Chapter VI.

Some street youth reported that their parents perceived them as being "hard to handle"; many of those who had had problems at school, committed crimes, drank or used drugs had been "evicted" from their homes. A few youth who suffered from emotional or behavioural problems had chosen the street rather than the institution their parents planned for them because they could not tolerate their children's behaviour. Others among these adolescents no longer welcome at home could not

pinpoint a particular issue of contention between themselves and their parents; they had simply felt unwanted and had drifted away from their homes.

A few young people indicated they had run from their homes or from an agency seeking excitement and independence on the street. They saw street life as an "adventure" that allowed them freedom to indulge in forbidden activities such as heavy drinking, drug use and sexual and criminal activities. There were street youth who claimed they had originally left home to seek employment in cities where they believed their opportunities would be better. Other youth who had been shuffled between foster homes and agencies for the better part of their lives and who referred to themselves as "system kids" ran to the street because they found it too difficult to function in structured-care settings away from friends and familiar surroundings.

My parents kicked me out ...

[I] lived at home with my parents before [going to the streets]. [I] lived on the street for about one month until I got in trouble with the law for a car theft and a "b" and "e" [break and enter]. I lived with my grandmother for awhile 'cause my parents wouldn't take me back.
Male, 17-year-old, Youthful offender.

I got kicked out of my house four or five weeks ago 'cause I was stealing money and she [mom] couldn't handle me any more. I stayed at friends' and now I'm at a shelter.
Male, 16-year-old, Homeless.

I live with a friend and his girlfriend, but it's pretty crowded in a one bedroom. [I] don't know where [I'll go] next if I have to leave here. My other friend's mum doesn't want me around anymore. My parents told me not to come back.
Male, 17-year-old, Homeless.

My parents kicked me out when they found out I was pregnant. [I] don't know why because I had an abortion eventually.
Female, 19-year-old, Homeless.

The excitement of the street

A year ago a friend said let's go downtown, before that my life was boring. There was major stuff going on down there. Met drug addicts and hookers, things I'd only seen on T.V. before. I was hooked.
Female, 17-year-old, Drug abuser.

I think it was the freedom and the drugs and the money [that attracted me to the street]. You don't have to do anything for anybody.
Female, 19-year-old, Homeless.

I basically needed to find something that I couldn't get at home and I knew [I] wouldn't be able to find in school. I just left one day - just left. I started hitchhiking to Vancouver [from Winnipeg] and stopped in all the cities along the way. I learned a lot. I saw how the unfortunate people lived - I saw reality. I started experimenting with drugs, panhandling for food, sleeping everywhere from back alleys to abandoned buildings - it was very adventurous.
Male, 20-year-old, Drug abuser.

Runaway patterns

... there is a segment of runaway youth who appear neither disturbed nor disadvantaged nor socially incapacitated. These youngsters more often than not have made an unplanned exit, often in response to an argument and generally return home within a week, and do not run away again.
B. Sommer, 1984, p. 135.

It is well known that not all runaway or homeless youth make use of community services. Many seek shelter with relatives or friends, never coming to the attention of public authorities or service agencies.
C.L.M. Caton, 1986, p. 65.

The very term "run-a-ways" tends to suggest a degree of free choice which is not available to those who are in fact often "pushed out" either by their families or by circumstances often surrounding the issue of abuse.
R.J. McMullen, 1986, p. 240.

The youths studied followed one or more of four primary pathways – running to or from a family, an institution, the street, and a shelter.
C.R. Hartman, A.W. Burgess and A. McCormack, 1987 p. 294.

2. Pathways to the street

Where runaway youth go when they leave home varies according to their reasons for running and the support systems available in the cities where they happen to be. Their pathways to the street are usually not direct, rather a sequence of events leads them to long-term involvement with the street. Depending on their circumstances, youth spend different amounts of time on the street and engage in different activities while there. Identifying the various runaway patterns of street youth may make it possible to reach some youth before they become fully entrenched in street life.

Photo by B. Clark

Many of the young people we contacted who were running from home because of conflict with their parents had initially stayed with friends or relatives. When they could no longer remain there, they moved to hostels or to the street.

Some of the street youth who had attempted to reconcile their differences with their parents after finding themselves on the street were accepted back home only to run again because of the same circumstances that precipitated their leaving the first time; they became "repeat runners". Others moved back home permanently, but maintained their street ties and continued to spend a substantial amount of time on the street. A number of youth lived at home or at an agency while spending most of their time hanging out on the street. They are called "curb kids" and like repeat runners and former street youth living at home they only partially live the street lifestyle, but are still subject to its dangers. Part-time street youth are a link between youth still in school and at home, and youth who live more independently in group homes or on the street.

Youth who ran to the street for excitement or independence had an easier time reconciling with parents than those who left dysfunctional families. We noted, however, that many of these young people in search of excitement, but with nowhere to live and little money, were very quickly drawn into all aspects of street life. For similar reasons, economic pressures and poor planning, some young people who had left home and gone to the city looking for work ended up living on the street. A few of the adolescents had travelled to urban centres looking for jobs, and many found themselves living a marginal, sometimes illegal, existence on the street.

Getting to the street

I left home and went to a friend's [house]. [I] got tired of living off people [and] that's when I went to the street.
Female, 17-year-old, Drug abuser.

We were first taken away from home when I was 9. I've been around the block. I kept running away from group homes. They gave me a letter, so I'm my own guardian now.
Female, 18-year-old, Homeless.

When I was 13 I was kicked out of the house. Mom couldn't handle it 'cause I was doing drugs – hypocritical 'cause she does drugs. [I] spent three years on the street. Jumped from friend to friend then to the street, [slept in] garbage bins, lobbies of hotels, lived with a girlfriend for about a year.
Male, 18-year-old, Unemployed.

My mom kicked me out. She was smoking up and she said to me and my kid sister, out of the blue, to pack up and get going. So we went to my grandmother's for the night, we didn't want to stay there because my grandfather [has always] sexually abused us. We ran again and went to my girlfriend's then to the street.
Female, 17-year-old, Prostitute.

My mom had kicked me out. [I] went to the streets. Cops brought me back to mom's house. One and a half years ago I lived on the streets before that – I was with my boyfriend who was a dealer. We stayed in hotels mostly.
Female, 17-year-old, Unemployed.

When I don't have money I move on to another friend's [place] or a hostel. That's where I'm going tonight [a hostel]. I haven't been downtown for awhile. I've been trying to straighten out.
Male, 17-year-old, Homeless.

Returning home

My mom kicked me out 'cause we weren't getting along. Just moved around a lot this last year. [I] lived in skids [on the street] for two months, lived in a hotel with two friends. Just moved back with her [mom] after a year on the street and with my boyfriend.
Female, 16-year-old, Homeless.

I'm still trying to find somewhere to stay. I've just about run out of friends' places. Got kicked out 'cause I got picked up by the cops again [for drug possession]. I tried to go back again, but they [parents] say no way, not this time.
Male, 17-year-old, Homeless.

I live with my mom now, dad died in '82. [I've been] away for about four years living with a friend.
Male, 17-year-old, Homeless.

I was away from home for almost one and a half years living with friends. I started living with my parents six months ago because of [prostitution] crimes.
Female, 16-year-old, Prostitute.

Survival on the street

Runaways are often frightened, hungry, and lonely. Often they leave home without sufficient money to pay for the basic necessities of life – food and shelter. In most cases, running away seems to take place from a spur of the moment impulse. The result is that some youths end up sleeping in such unlikely places as parked cars, under the bleachers at a nearby high school, in a friend's basement or backyard and even in a four foot by six foot Salvation Army clothing container.
A.R. Roberts, 1982, p. 15.

... the pressing need for money to survive, coupled with a lack of means to obtain money may at times force them [youth] into risky sexual practices.
A. Caswell and S. Green, 1988, p. 13.

Pressing survival needs force them to make quick decisions. Without family support these young people do not have the time to think about what they want to do with their lives, something other teenagers take for granted.
F. Mathews, 1987, p. 24.

Living on the street

I live on the street [in squats] sometimes at a friend's or just [keep] walking around or stay at a restaurant all night.
Male, 17-year-old, Homeless.

On the street in squats, once in awhile we find someone's house to crash at.
Female, 17-year-old, Homeless.

Any male hooker will go with a woman free just so they have a place to stay, food, drinks, whatever – unless they're gay.
Female, 17-year-old, Prostitute.

I lived on the street for five months. I stayed with friends for awhile, but it was hard for me to depend on them. I left and slept in a ticket booth for about a month, till I got caught. Then I stayed in an abandoned shed in the woods. It was nice, it had a bed and everything. A friend moved in with me for awhile.
Female, 17-year-old, Drug abuser.

I'll go to a friend's place sometimes and sleep all day and then spend the night walking around. If I've desperately got to sleep I'll sleep in an air vent or something – sometimes in arcades during the day. I used to spend time in malls, but I've been kicked out of all of them around here.
Male, 19-year-old, Homeless.

We took over [an abandoned] house – about 20 of us lived there. It was a mess, we had pet rats and there were cockroaches the size of my hand.
Male, 20-year-old, Drug abuser.

I live at the bus depot. Just sit and drink coffee at the donut shop. I had my own place, but couldn't afford it anymore, got kicked out.
Male, 19-year-old, Homeless.

C. Meeting basic needs

The young people we met were very candid about their day-to-day activities. They did not hesitate to tell us about where they lived, their eating habits and how they made money, and to describe some of the services available to them.

1. Accommodation

Where youth lived at the time of the interview was largely dependent on the types of activities they engaged in, their age and gender. It must be remembered that we contacted the vast majority of the study's participants through agencies and organizations providing services for street youth, and, therefore, rarely reached those street youth who did not use such services.

Only a small proportion of these adolescents (5%), and more males than females, were actually living in extreme circumstances on the "street" (Figure 3.1), which meant sleeping in places like abandoned buildings, underground parking garages or stairwells. These settings are called "squats" and when in them youth generally live with a group of peers. Males who were prostituting (12%) or homeless (12%) were most likely to report living like this. There were also young people who slept during the day in hotel lobbies and drop-in centres when they could, because at night they were on the street.

Figure 3.1
Where street youth live

	%
Agency	32
Family	25
Alone	6
Opposite-sex friend	6
Relative(s)	5
Same-sex friend(s)	5
Street	5
Boy/Girlfriend	4
Group of friends	3
Roommate	3
Other	6

Photo by J.P. Lemay

Although, at the time of the interview, only a small proportion of the youth were living on the street, most of the interviewees confirmed that at some point in their lives they had run to the street and lived without proper shelter or protection. Some had lived on the street for as little as three days, others had been on and off the street for as long as five years.

As indicated by Figure 3.1, at the time of the interview almost one third of the youth were living at agencies that provided a variety of services (Figure 3.2). Many of these youth resided in group homes and shelters that guaranteed them long-term accommodation. Others lived at hostels and shelters, where they found refuge for up to a few months. Correctional facilities for young offenders accommodated approximately one half of those youth categorized as youthful offenders. A small number of the young people were being supervised by agencies and families involved in semi-independent living programs while preparing to live on their own.

Figure 3.2
Services that provide accommodation

Type of service	General description
Group home	A home provided for several young people in need of protection due to family or personal problems. Youth are referred by social services and become the responsibility or wards of the government while living in the facility. Youth with specific problems (addiction to drugs, for example) are sometimes brought together in the same group home.
Young offender facilities	*group home*: an open- or closed-custody facility where youth serve sentences for criminal offences in a less restrictive environment than they would experience in a detention centre. Youth are supervised, but not necessarily confined. *detention centre*: an institution in which youth who commit more serious crimes are incarcerated. Academic and skill upgrading are offered within the institution itself.
Short-term emergency shelter/hostel	Emergency shelters or hostels provide youth with food, shelter, health care, counselling and referrals. Residency is voluntary. Most youth stay no longer than one month, although they can remain longer if necessary.
Long-term emergency shelter	Youth are referred to these shelters by social services or enter on their own and are provided with a home-like atmosphere and counselling. Their stay is voluntary and the duration of their residency is usually flexible. Most leave when they change their lifestyle or find other suitable accommodation. While living at the shelter youth usually attend school or job-generation programs or they work.
Semi-independent living program	Run by social service agencies and other organizations, this program prepares youth for the responsibility of living independently. Youth in these programs are supported emotionally and economically during their transition from a social service setting to living on their own.

Unmet needs of street youth

... only a fraction of the total runaway population receives shelter care or related services. The rest are left to fend for themselves, alone and unaided in the face of a rejecting world.
R. Johnson and M.M. Carter, 1980, p. 484.

Kids 18 and under are not eligible to receive income assistance without parental consent, thus leaving them limited financial options when they arrive in the city.
The Challenge (Vancouver), March 1988, p. 1.

... most social and legal agencies that deal with runaways adhere to conventional detention and return policies – policies that merely set the stage for a repeat of the running episode. One possible reason for agency and legal personnel adhering to these policies may be the belief that runaways are exaggerating their family situations.
M.D. Janus, A. McCormack, A.W. Burgess and C. Hartman, 1987, p. 48.

A number of male [prostitutes] are afraid to stay in hostels because of thefts and assaults due to their sexual orientation, and in some cases, are also banned from some hostels.
Street Outreach Services, 1987, p. 6.

Minor youth without adequate family support need long-term residential care coupled with education for an early transition into independent living. The tradition of separating youth from adults in providing shelter services facilitates focusing attention on the unique needs of adolescents for assistance with school difficulties, family relationship problems, vocational guidance, and health education.
C.L.M. Caton, 1986, p. 68.

It was noted during this study that in most communities there is a marked shortage of short-term shelters for young males. More housing options exist for homeless young women than for young men. Care is sometimes taken to ensure that residences for women provide a comfortable home environment. Young males, on the other hand, are often expected to sleep in open, barrack-like auditoriums where the atmosphere can be unruly and dangerous. Coeducational youth shelters appear to provide youth with a more positive family-like environment while also protecting them from the exploitation of the older street crowd.

Approximately one third of the youth were living with their families or relatives (see Figure 3.1). In some communities, like St. John's, youth were more inclined to remain at home perhaps because street life is less visible with fewer options for shelter. Those who run go to the streets of a large city in some other part of Canada. Many of the youth who were living at home or with relatives were attending youth employment programs or alternative schools. Those who had committed crimes often went back to their families (21%) as part of their probation order. A good proportion of the drug abusers also lived with their families (28%); they tended to be "curb kids" who regularly went home or to agencies after being on the street for a few hours or a day or two.

Native street youth were more likely than non-Native youth to remain with their immediate families (41%; non-Native 23%) or to live with relatives (13%); their culture seemed to encourage family members to remain together regardless of conflict. Nevertheless, one fifth of the Natives interviewed were living at agencies.

Approximately one third of the youth categorized as prostitutes or drug abusers lived with friends or roommates. Some young people said they had lived off the street briefly, sharing an apartment with a group of friends until funds ran out and they were evicted. Ten percent of prostitutes were living with a boy or a girlfriend; females were more inclined to live with boyfriends (14%) who were often their pimps. A few males (5%) prostituted themselves with homosexual men while living with their girlfriends.

Youth mentioned friends' homes and cheap hotels as "other" places they lived. As indicated earlier, on first running to the street many homeless youth went to friends' homes until they had overstayed their welcome. Hotel living was usually too expensive for most street youth, although some could afford it and they sometimes opted for cheap hotels and rooming houses over hostels or group homes which interfered with their night life.

Native youth remain with family

[I] live at home with my boyfriend and mother, and [my] brothers and sisters. [I] tried to run away, but I have brothers and sisters to look after. Mom drinks and often doesn't come home.
Female, 16-year-old, Unemployed.

[I] live with my mom right now. I've lived off and on with other relatives and my grandparents mostly. I've run away for three months at a time.
Female, 15-year-old, Homeless.

[I] live with my sister. I've gone to friends' houses for a month - not often. Dad left eight years ago after the divorce.
Male, 15-year-old, Youthful offender.

I lived with my father and stepmother. Dad used to beat the shit out of me, usually when he was drunk. My stepmother would not stop him. I ran away and stayed with friends and relatives. I'm living with my real mother now.
Female, 15-year-old, Unemployed.

Figure 3.3
Services that provide food

Type of service	General description
Food bank	A food outlet that offers needy persons groceries free of charge. The food is donated by individuals and community organizations and distributed by volunteer organizations and church groups. Groceries from food banks are sometimes offered to youth at drop-in centres, particularly those centres affiliated with church groups.
Soup kitchen	A facility where people in need are given free meals. Many religious organizations run these kitchens, in church basements, for example, and some short-term shelters for youth offer hot meals free or for a minimal cost.
Street van	A van that travels in downtown areas offering free food, clothing and basic medical assistance to those on the street. These vans operate almost every night and are staffed by social workers and volunteers who refer youth to appropriate services.
Drop-in centre	Drop-in centres offer snack food and hot drinks to clients and direct youth to services where they can get free meals.

2. Food

When at home or at an agency youth normally did not need to worry about where their next meal was coming from, but while on the street each meal presented a problem and they relied on a number of sources of food including some community services (Figure 3.3).

Young people who had apartments or rented rooms sometimes used food banks that donated groceries to those in need. A few church groups have established convenient food outlets at their youth drop-in centres. Seventy-two percent of the adolescents said they had never gone to a soup kitchen for a free meal. The term "soup kitchen" was generally unfamiliar to them, but even after they were told it is a place, like a church, where they could get a free or low-cost meal they confirmed they had never gone. The few youth who had eaten at soup kitchens said they disliked going because the food was unappetizing and the atmosphere degrading. These places tend to be frequented primarily by impoverished older people. Youth in Toronto spoke favourably about the van that offers food to people right on the street. Young people also went to those shelters that provided meals to non-residents as well as residents.

In addition to seeking assistance from these services, youth stole food from grocery stores or restaurants, or lived on what stores threw away. Others relied on free meals from relatives or friends who still lived at home. A few of the youth said they bought food when they could. However, alcohol and drugs were more important than food to many of those who were heavy substance abusers; they said drugs or alcohol had curbed their appetites and they often did not think about eating for days at a time.

Photo by B. Clark

Getting food

[I] used to steal food when I was living on the streets.
Male, 18-year-old, Unemployed.

When I want one of those street meals then I sleep in the church during preaching - they feed people afterwards.
Female, 17-year-old, Homeless.

Panning, pawning, steal chocolate bars from 7-11 and stuff.
Female, 16-year-old, Drug abuser.

Used to take testers [free samples] at Dominion store.
Female, 18-year-old, Homeless.

I'd sooner starve [than go to a soup kitchen], when I was on the run. I was always too high to think about it [eating].
Female, 17-year-old, Homeless.

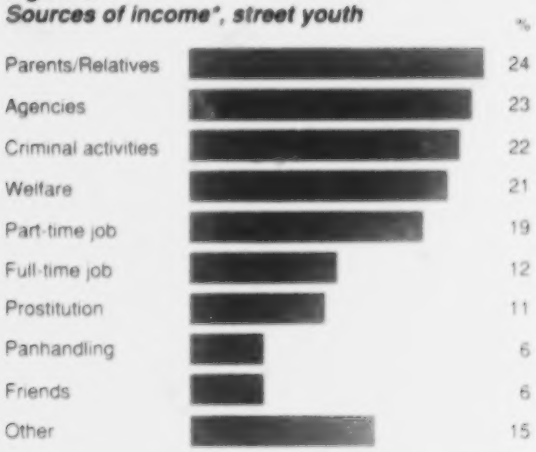
People think we panhandle to get drugs or booze, but we usually only do it when we haven't eaten in a couple of days. When they [restaurants] are closing we ask if they have any food they're throwing out.
Male, 20-year-old, Drug abuser.

I went to the food bank once, but he [boyfriend] found out and got pissed off - so we can't go there anymore, it's like begging.
Female, 17-year-old, Youthful offender.

I wouldn't go [to a soup kitchen]. I'm too independent. Those people don't care [about the food they're serving], they're just feeding people off the street.
Female, 19-year-old, Prostitute.

It's not as hard on the street as the media says. No one should starve unless they're too stupid to ask for help. Like Rockers, they're too proud to ask for help, but they beat people up and steal their money.
Male, 17-year-old, Homeless.

Figure 3.4
***Sources of income*, street youth**



* Will not equal 100% because respondents gave more than one response

Obtaining money

I don't support myself, other people do. [They] lend me money and stuff. I sell things I own at pawn shops.
Female, 17-year-old, Homeless.

I used to push drugs [hash] before I got locked up for B and Es [break and enters], stole chainsaws, power tools, etc.
Male, 18-year-old, Youthful offender.

We were living with hookers and they brought in the money. Sometimes we'd roll [rob] someone for money but mostly the girls brought in money.
Male, 17-year-old, Homeless.

I don't really get money. People sometimes lend me money [and I] sell stuff of mine.
Male, 16-year-old, Homeless.

Usually, if I'm not drunk or stoned I'm walking around trying to figure out how to get money to get drunk or stoned. [Think of] scams and stuff like that to get money quick without getting nailed for it. [I think] how can I get ahold of cheques, credit cards, and stuff like that.
Male, 19-year-old, Homeless.

Here at the Employment Program I get 50 dollars a week, and my parents give me money.
Male, 19-year-old, Unemployed.

Lived on Toronto streets for six months. I just thought of scams like 'save the whatever' cans you see in stores. I used to go in and steal them. It was low!
Male, 17-year-old, Homeless.

3. Finances

Money was a primary concern of youth because it was essential to their surviving and coping on the street. Money allowed them to eat, rent rooms, buy alcohol and drugs, purchase clothes and travel to other cities. Typically, while on the street, these youth had very little money – purchasing condoms, spermicidal foam or syringes was a very low priority for almost all of them.

A number of the youth were working or receiving welfare (Figure 3.4). Nearly one third of the young people had either worked at part-time or full-time jobs during the past year; 21 percent received welfare. Most said they were not able to work and provided a number of reasons. Few had completed their education or were in a position to resume their studies. Their circumstances made it extremely difficult to attend school or pursue employment opportunities. Many were without permanent addresses or personal identification, and, as a result, could not take advantage of income assistance programs, gain admission to upgrading programs or schools or secure employment.

Those youth who either lived at agencies, had moved back home or shared apartments were in a better position to apply for jobs or social service assistance. In fact, to stay in most of the long- and some of the short-term group homes, young people had to be actively looking for jobs or enrolled in school.

Some agencies provided youth with small sums of money. Those residing at group homes and detention centres received weekly allowances and youth employment programs paid participants for attending. Drop-in centres assisted youth by offering free bus or subway tickets and paid for taxi fares when necessary. Many youth indicated that intermittently a parent or close relative provided them with pocket money. Friends were indicated as another source of money; six percent of the youth said friends had given them money, particularly when they initially went to the street. Youth tended to look out for one another.

Approximately one fifth of the youth said they resorted to criminal activities for money; most told us they turned to petty theft and drug dealing only when they needed money. Six percent of the youth admitted having panhandled for money.

Some street youth work

I work part-time at a gas station, it's alright but it's not enough to live on, so dealing [drugs] brings in some more money.
Male, 17-year-old, Homeless.

I do odd jobs like selling hot dogs, vending, cleaning jobs, selling drugs and hot stuff [stolen goods] and breaking into places and cars.
Male, 19-year-old, Homeless.

I'm a dishwasher part-time, I [also] sell drugs and panhandle.
Male, 16-year-old, Drug abuser.

Now, I have a part-time job as a cashier, but I used to be selling drugs and stuff and babysitting once in awhile.
Female, 18-year-old, Homeless.

I just got a full-time job babysitting two little kids and cleaning their house.
Female, 19-year-old, Homeless.

My mom and uncle give me an allowance and I have a part-time job delivering flyers.
Male, 16-year-old, Homeless.

I work part-time in a garage cleaning up.
Male, 17-year-old, Homeless.

I have a full-time job as a cook ... [and I get money from] Futures [Employment Program]. I get paid to go - I want to be a receptionist.
Female, 19-year-old, Drug abuser.

Money from prostitution

I had sex with my stepfather, but I agreed because he gives me money [for drugs].
Female, 15-year-old, Prostitute.

Sometimes go do B and Es [for money]. Go to different car parking lots and steal stereos. Had sex with anybody for money a couple of months ago. I didn't feel too comfortable doing it.
Female, 16-year-old, Prostitute.

A lot of girls work the streets cause they run and the street looks glamorous and they need money for their habits [drugs].
Female, 17-year-old, Homeless.

[I get money from] prostitution, welfare and criminal activity. [I want to] work as a masseuse or hairdresser.
Female, 17-year-old, Prostitute.

I get money from welfare and prostitution. I would work if I could have a job. I want to be a truck driver.
Male, 18-year-old, Prostitute.

I'm self-employed. I support myself by giving massages. I'd like to be working as a D.J. [disc jockey] for a club.
Male, 19-year-old, Prostitute.

I am sleeping with guys for money; they're pigs. One is twice my age and he's got a wife. I go and get checked out [by a doctor]. Money is great, but I don't want to go back.
Female, 19-year-old, Prostitute.

[I support myself] hooking. I was going to do that tonight to make some money, so is Leo [her boyfriend].
Female, 17-year-old, Prostitute.

Eleven percent of the young people, twice as many females as males, indicated that prostitution was a source of income for them. About one third of these youth stated that soliciting was not their primary income source, but their economic needs required them to prostitute now and then.

The majority of those youth who indicated they got their money from an "other" source said they had no income at present, but were living on their savings or by selling personal belongings to pawn shops. Some were receiving unemployment insurance or working at odd jobs.

Fewer of the Native youth surveyed had managed to secure full-time employment (3%), although many did have part-time jobs (21%). Twenty-eight percent received money from criminal activities and 13 percent from prostitution. More of the Native than the non-Native youth indicated that they received money from parents or relatives (30%) and fewer of them relied on agencies for financial support (13%).

Native youth's lifestyle choices

Although only 5% of the child population in Alberta is native, it is estimated that approximately 30% of the children on the street [prostitutes] are of native ancestry.
A. Pellatt, 1988, p. 3.

For the male "street kid", prostitution is just one hustle: for the female, particularly the Native Indian, it is about the only hustle available apart from petty theft and, occasionally, drug dealing.
J. Lowman, 1988, p. 59.

Native youth talk about making money

[I live on] student welfare. I'm not actually sure what I'll do [in the future]. I would like to be doing logging.
Male, 16-year-old, Homeless.

In 1986 [when I was] on the streets I was stealing bikes. [I] sold 352 bikes in 1986. [I] sold drugs and used to break into cabs when they kept money in them. [I'm now] working for a restaurant. [I'm going] to go back to school [and] go into Art or be a Social Worker.
Male, 18-year-old, Drug abuser.

My dad and guardian give me money. I don't know [what I'll do in the future]. [I'll] get a job. I want to be a doctor or lawyer or do child care.
Female, 16-year-old, Homeless.

I get welfare and I have a part-time job as an insulator.
Male, 18-year-old, Drug abuser.

I have a part-time job working in the bush [slashing] and I get money from my parents. I don't know yet what I'll be doing in the future. I'd like to be one of those heavy metal singers.
Male, 16-year-old, Unemployed.

The health of street youth

Sex more than anything puts runaway kids at risk for AIDS. Homeless kids survive any way they can. Their bodies usually become the currency of exchange.
P. Hersch, 1988, p. 32.

It is apparent that many adolescent street prostitutes are in relatively poor health. For some it is the result of poor diet and stress while for others it is directly related to sexually transmitted disease. Many of these youth, particularly the younger ones and those new to the street, do not practise (or inconsistently practise) birth control or use condoms to prevent the spread of disease ... . Many lack even basic fundamental understanding about their own bodies.
F. Mathews, 1987, p. 45.

Photo by B. Clark

4. Health and hygiene

Interviews were conducted during winter months when many of the youth were plagued with colds, influenza and other health problems. Most compromised their health by their erratic lifestyle which resulted in poor hygiene, inadequate diet, irregular sleeping patterns and exposure to the elements. Youth could get free clothing from most of the agencies but we saw many who lacked appropriate clothing for winter weather. Prostitutes were somewhat more concerned about their clothing and about cleanliness; they tried to appear attractive and they could usually afford to buy clothes.

Typically, youth were not on the street for long periods of time before going to friends' homes, agencies or hostels for a shower, a hot meal and a safe bed. Those who stayed in "squats" on the street usually had a few possessions and clothes with them and they admitted to having a difficult time maintaining proper hygiene. Some frequented public washrooms to sponge bathe and wash their hair.

The young people we interviewed generally looked presentable and were not noticeably unclean. They did appear rundown, however, because of lack of sleep; they sometimes went days without a warm or safe place to rest. Irregular and unhealthy eating habits caused many to lose weight, and this, together with their lack of sleep, made them susceptible to infections and disease. Many weakened their resistance to disease further with heavy drug and alcohol use. These aspects of the street experience are discussed more fully in Chapter VI.

Young people obtained health care from a variety of places (Figure 3.5). When they needed medical attention they went to free clinics, hospital emergency wards and drop-in centres where health nurses or doctors made weekly visits. A few drop-in centres arrange to have doctors, public health nurses, lawyers and welfare workers regularly visit their centres. Street youth can see them without going through social service "red tape" and, as a result, become less fearful and distrustful of community professionals. Although personnel in the drop-in centres also referred youth to other agencies they can usually accommodate their needs initially and then slowly introduce them to the appropriate services.

Drug dependent youth were referred through agencies to residential and outpatient treatment programs. In addition, young people received counselling for behavioural and family-related problems at mental health centres. There were also a few who had had severe episodes of mental illness and had been admitted to hospital psychiatric clinics.

Figure 3.5
Services that provide health care

Type of service	General description
Free clinic	A free medical drop-in centre that provides confidential medical assistance usually in the areas of birth control, STDs and possible pregnancy. Staff at the clinics make referrals and help clients apply for health insurance coverage.
Drop-in centre	Many non-residential resource centres for street youth arrange for health nurses and doctors to visit each week to provide free medical services to youth. Youth can also attend information sessions, usually provided by nurses, about birth control, STDs and AIDS. Street outreach health nurses who approach youth on the street often work with centre staff.
Drug treatment program	A treatment program that assesses and treats youth with drug or alcohol problems. There are outpatient or day programs as well as residential treatment facilities that provide counselling, information sessions and drug rehabilitation under medical supervision.
Mental health centre	A centre specializing in the treatment of mental health problems. Youth are referred by agencies to these centres for counselling. There are outpatient day programs as well as residential programs and some youth are admitted to psychiatric institutions for further assessment and treatment.

Unhealthy lifestyles

People on the street are often so unhealthy, you'd never know they have AIDS.
Female, 16-year-old, Drug abuser.

It was too cold to sleep long [outside]. I was up at 6:00 a.m. I'd go to the train station and wash – I was always clean. Or I'd go to restaurant bathrooms [to wash].
Female, 18-year-old, Homeless.

[At] 3 a.m. [on the street] we were looking for a cubby hole – people would start telling me what a wreck I was. I was sick, even though I wasn't dirty, I just wanted to get in a bed and stay there ... . I lost 20 pounds living on the street. When people started saying it I started paying attention.
Female, 18-year-old, Homeless.

I always make sure my clothes are nice. [I] just got a cheque from social assistance and I bought these boots so I stay warm. I don't look like a street kid ... do I?
Female, 19-year-old, Prostitute.

I got sick of burning out all the time [too much alcohol and drugs]. I called my mom and told her I was really sick and she said come home. I'm 140 pounds now, I was 115 then.
Male, 17-year-old, Drug abuser.

The street

Living by the minute, forget about tomorrow,
A world full of sadness, a world full of sorrow.
Cold dark nights, long hard days,
The streets kill our souls in many ways.
Criminal deeds, blood-filled fights,
Fight for our turf, fight for our rights.
Society scorns our dreams, thoughts and dreams,
The laws of the street and what it all means.
Kill for our people, lie dead in a ditch,
Steal money for meals, we're dreaded by the rich.
The good times, the bad times, they're all the same,
If you want to survive don't break the rules of the game.
The streets are hell that so often few have seen,
But the people that have, you know what I mean.
Stay clear of the streets, or you'll never be free,
From the way of life that was forced on me.
Female, 17-year-old, Homeless.

D. Street life

In this section we examine the day-to-day experiences of street youth and consider the coping strategies they adopt. We give special attention to their relationships with each other and we distinguish them from members of the gangs beginning to appear in major cities.

Photo by B. Clark

1. Spending time

We found the youth congregated at store-front drop-in centres; community recreation centres; arcades; shopping plazas; restaurants; parks and, of course, on the street. Each city had known "hangouts" where the young people met and which varied depending on the season. In Edmonton youth gathered in downtown parks in the summer and malls were a favourite hangout during colder seasons. Some types of youth, prostitutes, for example, segregated themselves from other street youth by meeting at coffee shops where others did not go or drop-in centres organized to meet their special needs.

Spending time on the street

Get up at about 2:00 p.m. – find drugs, beer and money – go back to our room 'til about 8:00 p.m. and stay up, get pissed [drunk] with a bunch of people. We'd go out and get the prostitutes going [working] and wait for them. We'd wait for them and sometimes we'd hide under the bed and steal the guy's wallet once his pants dropped ... . [For something special to do] we stole a car once, hot wired it. We wore gloves and stuff and ditched the car later. We'd go to a movie once every two weeks if [we were] lucky. If we were drunk we'd beat someone up.
Male, 17-year-old, Youthful offender.

When staying in a hostel, I get up at about 8:00 a.m. and have breakfast. When I spend the night in a stairwell or subway [I have breakfast] only if there is money left from panning the previous day. I do my important things in the morning; doctor's appointments, meeting with friends and maybe go here [the youth program] to see the welfare person [worker]. Then I go to the bus terminal and pan [for money]. It's a "heat score" [police patrolled]. I've gotten three tickets in the last three weeks. On a good day I make 20 dollars panning.
Female, 19-year-old, Homeless.

On the street [you] wake up at 2:30 p.m. [I] get up, smoke a couple of cigarettes, four or five of us [go out on the street] and panhandle, and we all go get something to eat once we get enough money. We do something different if we have enough money – go roller skating or to a movie [maybe once a week], or on a weekend we get plastered [drunk] and crash. Every once in awhile something great will happen like meeting a new girl or hearing about a scrap going down and you go and beat up a guy you really hate – you think "right on!"
Male, 17-year-old, Homeless.

[On the street I was] smoking up all the time. [I'd] steal something from Safeway to eat – hung around the arcade [all day]. I was sleeping around a lot, sometimes for money, other times just for the hell of it. Once I picked up a guy just because I didn't have somewhere to stay. I was always wasted! One time six girls [prostitutes] came after my sister and I because we were on their turf and we got beat up.
Female, 17-year-old, Prostitute.

[During the week] I'd take a bus downtown, sit in the park and suntan with my friends. But since the cops put their shop [police station] down here my friends have left. Another time you'd score some drugs and get high. The first two months down here [the street] I didn't do drugs. Then my [street] boyfriend broke up with me because I wouldn't have sex – that's when I started doing drugs. I never had to pay for drugs because I had a street father. My "downtown-dad" gave me drugs. He was twice my age.
Female, 17-year-old, Drug abuser.

Photo by J.P. Beauregard

Drop-in centres for youth were popular because they served many purposes. At such centres youth received information, counselling services and had their basic needs met in a relaxed environment where they could interact with one another. At community recreation centres youth could meet with friends, use game rooms, watch movies and eat snack foods.

Most of the street youth functioned within a different time frame than the rest of Canadian society; many worked at night and slept during the day. There were exceptions; some youth had to abide by curfews if they were staying at an agency, hostel or living at home.

Youth indicated that their new-found freedom on the street allowed them to experiment with drugs and sex. Many had become entrenched in street life because of an alcohol or drug addiction acquired while on the street. This could occur in as brief a time as one month. Once addicted they were less likely with every passing day to abandon their dangerous habits and reintegrate into "straight" society. Prostitutes had a particularly difficult time breaking from a lifestyle that provided substantial monetary rewards and encouraged drug dependency.

Some of the youth felt that time passed slowly on the street. When bored, they went in search of drugs, sexual partners, or friends. When they had sufficient funds they reported that they and their friends attended typical adolescent functions, movies, concerts and night clubs.

The more adventurous of these young people travelled to other cities. Some moved in the winter to cities like Vancouver that offered a warmer climate, while others moved wherever there was potential business. Prostitutes, for example, spoke of going to Calgary during the Winter Olympic Games. Other youth migrated from small cities to large cities where they were anonymous and street life was more exciting. Over three quarters of the youth interviewed in the cities of Toronto (76%), Vancouver (78%) and Montreal (97%) were originally from that province in which they were interviewed. Approximately one third of each of the respondent groups interviewed in Toronto and Vancouver had grown up in that same city, while over one half of the youth interviewed in Montreal had been raised there. Others migrated across Canada; eight percent of the street youth interviewed in Toronto were originally from Atlantic Canada.

I move around a lot.

I was on the street for five months one year ago. [I] came from a small town, went to the city, been here for a year. For one week me and a friend went to Montreal. We stayed at a shelter. Montreal was scary. I was amazed by the lights – I didn't want to leave it. The subway was amazing. I was headed to Toronto but [I] turned around [and came back home].
Female, 17-year-old, Drug abuser.

I'm a street person. I sleep wherever it's warm. I've been staying in squats with these guys. [I] squatted in London [England] then I came over here. Spent three years in T.O. [Toronto], Montreal and Vancouver. I move around a lot.
Male, 18-year-old, Homeless.

[I live in] no one place. I like to keep moving – when I have to think I need to leave. But maybe Saskatoon will be my home now.
Male, 18-year-old, Homeless.

Two summers ago I took off for six days and hitched to New York, me and my friend. Could have run into something to do with AIDS. Priest met us on the ferry, he was gay – he asked my buddy to do weird things with him. He dropped us off at Covenant House in New York. We were picked up for smoking dope and got sent back home.
Male, 17-year-old, Unemployed.

Street friends

Judgement and criticism from others outside the life [prostitution] serves to strengthen relationships among street peers with whom adolescents socialize in an accepting environment. Street friends fill the emotional gap left by disapproving families and former friends.
F. Mathews, 1987, p. 30.

The individual who is not adept at making friends, or who lacks practical intelligence and integrity, will have a difficult time on the street... . While charm and "personality" are valued, it is competence, trustworthiness, and a sense of responsibility which makes an individual attractive and economically successful. These are the pivotal expectations of street life.
S. Segal, J. Baumohl and E. Johnson, 1977, p. 390.

2. Role of friends

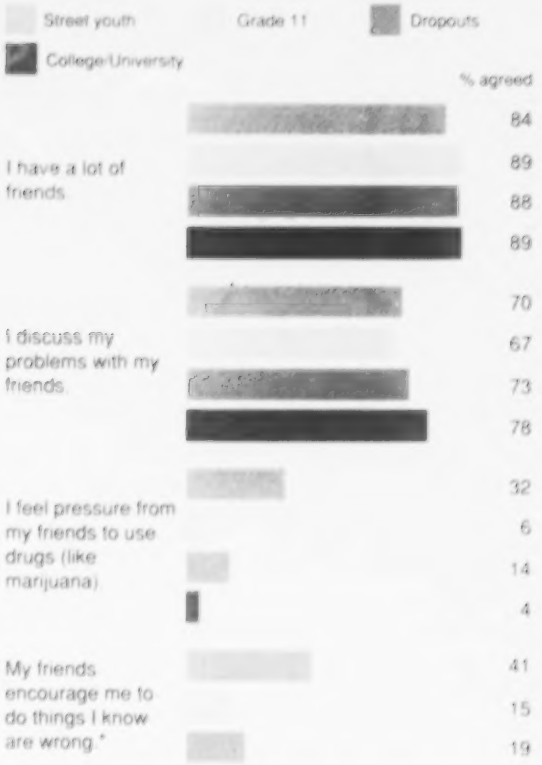
We compared street youth to other youth on four items concerned with peer relationships and peer pressure. We wanted to know if they felt they had a lot of friends, if they relied on friends for consolation and advice, and if their friends pressured them to use drugs or participate in activities they knew were wrong.

Photo by B. Clark

The large majority of street youth, Grade 11 students, dropout and college/university respondents had what they considered to be a lot of friends, although, slightly fewer street youth agreed with this statement (Figure 3.6). Nearly three quarters of all youth said they confided in and discussed their problems with their friends. The Grade 11 respondents were slightly less likely to confide in their friends, while college/university respondents were more likely to seek out friends when they wanted to talk. Youth who were prostituting were slightly less likely to report having a lot of friends and talking with them about problems (Figure 3.7).

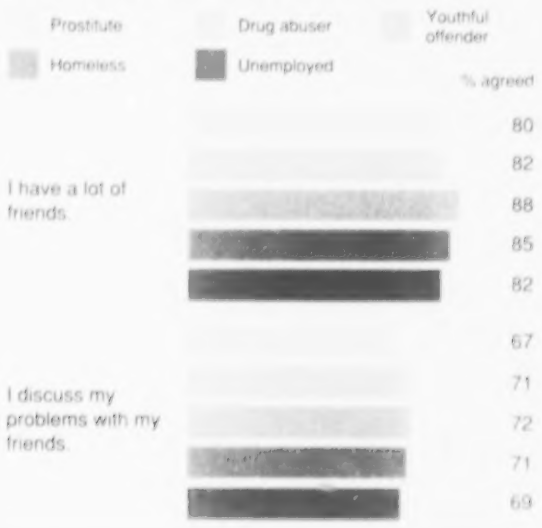
The friendship patterns of these young people were similar to those of other adolescents, but street youth were significantly more likely to feel pressured by friends to use drugs and do things against their better judgement (see Figure 3.6).

Figure 3.6
Relationship with peers, four responding groups



* The college/university questionnaire did not include this item.

Figure 3.7
Relationship with peers, street youth by type



Who street youth would turn to for help

I wouldn't have been able to turn to anyone. I had no one to help me.
Female, 17-year-old, Prostitute.

[If I were in trouble] I'd go to my best friend – I wouldn't want them to help me, but I just wanted to talk. I never want help, I don't take things from people. I'm really stubborn about that.
Female, 17-year-old, Drug abuser.

[My mom], no I wouldn't call her, she'd kill me. Before I went downtown we were best friends – but after, she hated me.
Female, 17-year-old, Drug abuser.

I don't know. I'd call my mom I guess if I got busted. If I got sick I'd stay with my friends or go home for a couple of days and put up with it.
Male, 17-year-old, Homeless.

I wouldn't turn to anybody. If I was sick, I couldn't move, I'd go to the hospital. If I was thrown in jail – I wouldn't turn to anybody. It's like I did the crime so I'll do the time.
Male, 19-year-old, Drug abuser.

Male and female prostitutes and male unemployed youth felt the greatest pressure from friends to use drugs (Figure 3.8). Youth who had not experienced such pressure sometimes remarked that their friends did not need to encourage them to use drugs. More males (46%) than females (36%) seemed to feel pressure to engage in activities they knew were wrong. Youth who were prostituting, using drugs excessively, or engaging in criminal activities were most likely to indicate that they were negatively influenced by friends.

We asked those young people who completed case histories who they would turn to for help if they found themselves in trouble, and we learned they depended on friends more than parents for assistance. Others said they had no one to turn to for help; 16 percent of the youth felt no one cared about them or about their fate.

Figure 3.8
Peer pressure, street youth by type and gender

Most of the youth described their peer support system on the street as fundamental to their basic existence. Isolation while on the street is fraught with risks. Prostitutes, for example, are in danger of being sexually or physically assaulted by customers and pimps. One way friends contribute to their safety is by acting as "spotters" and recording the clients' description and car licence plate numbers so that they can trace them if their friends are away too long. Homosexuals and male prostitutes also face considerable risk while on the street from those who abuse them because of their sexual orientation or behaviour. Street friends are like family, depended upon for social interaction, nurturance, love and protection.

Photo by G. Clarke

You get closer to your friends when you're on the streets ...

We're a close bunch (guys and girls) – they'd let me live with them for nothing. When I don't have money I move on to another friend's or a hostel. That's where I'm going tonight, I haven't been downtown for awhile. I'm proud that amongst my friends we express our love. We go to parties and hug and stuff. I need that.
Male, 17-year-old, Homeless.

My downtown dad, me and my street sisters are close. I'd always have a place to crash if I didn't go home.
Female, 17-year-old, Drug abuser.

I've been on the streets for six months now. You get closer to your friends when you're on the streets, you depend on each other. One group of you will be panning for food, another for a mickey. You need each other and look out for each other. It's not really gangs of people, gangs have leaders, the people I'm with aren't like that. Like in the book The Outsiders, there's a fighting snarling pack of people – 'cause everyone wants to be the leader. We aren't like that, we do our own thing.
Male, 17-year-old, Homeless.

I like the idea of not having parents or anybody to answer to. On the streets it is easier to get a boyfriend and when you meet a group of people it's your family. When you have a closeness there they'll stick by you and do anything for you.
Female, 19-year-old, Homeless.

The main thing to survival is knowing a lot of people. When I think of myself on the streets – I've had a good time – being with friends and partying. I love it.
Male, 19-year-old, Drug abuser.

Youth's comments about dangers on the street

First things you learn on the street – make sure you have a place to stay, know where to go to eat and trust nobody but yourself. Male, 18-year-old, Homeless.

Street people, they do gay bashings. Take people [gays] home and beat the pulp out of them. If street people sell themselves they're usually gay – they stay away from the other street people. Male, 18-year-old, Homeless.

At 1:30 in the morning when skinheads come breaking into your "squat" you're O.K. 'cause you got your friends. One out of five skinheads is O.K. – but they're mostly assholes. Sometimes they get attacked just because they're skinheads... . Some of the shit going down isn't funny. I know guys packing guns. Threats are being given – it's violent sometimes and other times it's calm. Male, 17-year-old, Homeless.

I ran away from my house and I was living with punks; they're scary people. I don't mind punks – it's just the glue sniffers. They're O.K. one on one, but as a group they're all punks under the same classification, dress the same and do the same things. Like, violence is part of it – some of them are scared though. Female, 15-year-old, Homeless.

Street youth describe Canadian street gangs

You've got "heads" – heavy metal guys in leather jackets and long hair. "Punks" [have] spiked hair or whatever; "skinheads", they shave their hair – they have a sort of religion they stick to. They believe in Hitler and the white revolution and all that stuff.
Male, 17-year-old, Youthful offender.

Everybody needs something to identify with. Some of the ideas behind "punks" are a strong belief in one's self and friends rather than money and power. A punk is in it for himself but also in it for his friends. Also [we have] a sense of nonconformity – it's kind of a paradox because we dress the same, we like conveying a message by the way we dress – that we don't conform to society's attitudes and views. There is no sense of individuality in this generation I'm in, it repulses me. I like genuine people not phoney people. It's kind of like a crusade to get punks happening, if somebody shows up on the scene that seems interested, I'll do my damnedest to convert them. "Posers" are people who are in it because they have to fit in not because they feel this is the way they are – you can't tell them by the way they look but you can by talking to them. I think it's a defence mechanism we have – we don't like phonies, we're all out to change the world in our own little way. There's not one attitude on the scene – the main thing is "anti", what bastion of society you're out to topple is up to you.
Male, 19-year-old, Drug abuser.

There's NF skinheads and there's OI skinheads, they're a little bit more easy going – they're not as closed minded. Punks – we're different morally from the average population, different things matter to us sexually, socially, etc. I found with the preppies and the normal teenagers – sex is a big thing, but here it's really strange if you don't have sex the first night. Mods started out in the 60s, they wanted to prove to the working class that they could look as good as they could so they started dressing up – suits and ties and listening to the Doors, stuff like that. They can be pretty violent too; they're not supposed to get along with the skins [skinheads], but they do here. It's really tame here; a small game, not like in other cities.
Male, 16-year-old, Drug abuser.

Most of the street youth interviewed were associated with a group of peers, but were clearly not members of an organized street gang. There are street youth who share a common ideology, expressed by their appearance and behaviour – the comments in the outside column describe these groups. Most street youth gather in groups and sometimes their atypical appearance draws suspicion, but they tend to band together to share the responsibilities of making money and getting food, alcohol and drugs and to protect themselves more effectively from outsiders.

Photo by B. Clark

3. Using services

Throughout this chapter we have mentioned services street youth can and do turn to for help, and we have tried to define the different services available to them (see Figures 3.2, 3.3 and 3.5). In this section we draw on the comments of street youth, service workers and relevant research to discuss these sources of assistance for street youth. We learned that a full range of services is not available in every city; that some street youth are reluctant to approach some services; they tend to learn about services by word of mouth; and they have problems taking advantage of all the services designed for them.

The types of services provided in the ten centres we visited depended on the extent of the street youth problem, the available funds and the priorities and structure of the relevant departments of the provincial government. On the outside columns are a few examples of the services provided by some of the agencies that participated in the study.

Most large metropolitan centres offered more services than the smaller centres because the street youth problem was more prevalent in larger cities. In smaller communities, such as Halifax, the community services usually included youth employment and job-readiness programs, alternative schools, community centres and group homes, but rarely drop-in centres and short-term shelters. In larger centres, such as Toronto and Montreal, agencies concentrated on providing homeless youth with shelter, food and health care as well as social, employment and education services.

Services for youth

The centre [Covenant House in Toronto] provides basic needs: 24 hour shelter, food, clothing, tokens or bus fare, valid identification, professional counseling and social work service, health care and legal services for residential and walk-in youths.
M.D. Janus, A. McCormack, A.W. Burgess and C. Hartman, 1987, p. 13.

The intent of the program is to provide a "safe refuge" for young people involved in prostitution or drifting toward prostitution. Admission to the program is voluntary. The intent of the program is to provide a "safe refuge" for young people. The young person will live in a milieu that is conducive to their planning for the future in a way that will support them in changing their present life style. There will be support counselling offered as well as referral to available community resources. Emphasis will be placed on rebuilding self-confidence, self-image, and self-worth.
Safehouse (Program Description), 1988.

The fundamental component of the model [at the community based mental health centre] is contract work, where a contract worker is hired to help the youth move towards specifically defined goals through a supportive one-to-one relationship. ... some contracts are task specific (e.g., helping youth with housing or finding a job), and others are more general (e.g., supporting the youth in his or her daily activities). Examples of resources and services used in conjunction with a contract worker are: employment programs, psychiatric services, community activity groups and residential programs.
Central Toronto Youth Services, 1988.

The centre houses 200 "young delinquents" aged 15 to 18 who represent "a significant danger to society or to themselves". Its primary goals are rehabilitation and the "protection of society". The average stay is eight months. "Multidisciplinary committees" composed of parents, staff, social workers, psychologists and the young people themselves oversee the progress of each adolescent. A staff of teachers provide hands-on training in areas such as metalworking, food services and electronics, as well as basic academic skills. Since 1985, workshops provide the option of real-world work experience with minimum wage salaries.
Centre d'accueil Cité des Prairies Inc., 1988.

A hard-to-reach group

Young people on the street generally mistrust adults, especially those who work in some 'official' capacity such as police officers, social workers, doctors, psychologists, and lawyers ... . Believing that many of the above professionals have little to offer, young people avoid them whenever possible. (p. 13)
Adolescents report that social work agencies and social workers are of little help to them. They find social workers are too judgmental or simply unaware of life on the street to offer them anything of use. (p. 31)
F. Mathews, 1987, p. 13, 31.

The high value street people ... place on self-sufficiency and autonomy cannot be over-emphasized; combined with their powerless status it creates an abiding hostility to psychiatric and social service institutions. Regardless of their intent, these institutions frequently seem to quash their clients' abilities to act autonomously and competently.
S. Segal, J. Baumohl and E. Johnson, 1977, p. 394.

A common complaint is that programs are available but many young people do not know how to take advantage of them.
Ministry of State (Youth), June, 1984, p. 95.

... the so-called freedom of life on the streets has a powerful attraction for many runaways. Many youths who do use or who are placed in shelters run away from these havens, despite the risks of living on the street.
M. D. Janus, A. McCormack, A.W. Burgess and C. Hartman, 1987, p. 116.

Street youth who are antagonistic toward society often have difficulty accepting services, even those specifically designed for them. Those running from situations in which they were abused often do not want their problems addressed by counsellors. Many are suspicious of professionals or institutions because of past experiences, and some reject all authority figures. Their distrust of "straight society" keeps many of them ignorant of existing services and assistance programs.

Photo by J.P. Beaurregard

Some of the young people we spoke with said they had not known where to turn for help when they first ran to the street; they relied on street friends to inform them about safe places to go for food, shelter, medical help and employment or welfare information.

There are many instances of youth leaving institutions designed to meet their needs. In particular, social service programs that provide protection by relocating a youth to a safe environment often do not succeed in keeping these young people off the streets. Those who live under the protection of social services often repeatedly run. As mentioned, some cynically call themselves "system kids", referring to the fact that they have been raised under the protection of the social service system. The conditions and rules of group homes may be too rigid for them to tolerate.

The transience of street youth and their lack of personal identification disqualifies many from assistance programs. Some who do begin using services are unable to function within agency time constraints. They fail to meet scheduled appointments, and workers, frustrated in their attempts to help, may withdraw their sympathy in the belief that these seemingly uncooperative young people do not want to change.

Getting help is not easy

If I went back to school they would find me and take me back home again.
Female, 17-year-old, Homeless.

I don't want to go on social assistance, but if it wasn't for it I'd be on the streets hooking. But I hate it when people say people on welfare are bums.
Female, 19-year-old, Homeless.

No one will hire a punker. I make about $30 a day panhandling.
Male, 16-year-old, Homeless.

[I've been in] foster homes since 13. Too old now for foster homes, now I can't get any other kind of place 'cause I'm underage. Was with mom for almost one year, but my brother and father abused me. I lived at the beach eight months ago before I came here [group home] - stayed in barns and churches for that time, the police picked me up and brought me home.
Female, 16-year-old, Homeless.

If I go in and apply for welfare they'll put me in a group home.
Female, 17-year-old, Prostitute.

You need a residence to have a job.
Male, 15-year-old, Homeless.

I tried to get social services to help me. I would call from a pay phone and say I was living on the streets, they'll say they'll get back to me. What a joke! I was on the street for a long time before a social worker told me about this house [a long-term shelter]. I never heard of it before then. No one told me where to go. I even went to the cops, they sent me away because I was legal age.
Female, 18-year-old, Homeless.

If I get into it [prostitution] I'll stay into it. Can't go home, there's ten kids there and she's [mom] driven us all out. I'd get a job but I forgot my social insurance card somewhere and it costs ten dollars to get a new one - I don't have it [the money].
Female, 19-year-old, Prostitute.

The right to choose

No one can benefit from treatment they do not want, and actively resist. A coercive approach to the delivery of services and programs to children on the street cannot be successful. Children must have the right to choose to participate in available programs.
A. Pellatt, 1988, p. 18.

Given running away is a family problem incarceration and court action are unfair and ineffective methods of intervention. ... Treatment itself is generally poor for adolescent runaways, with the stigmatizing effects of juvenile justice action likely to have unspecified continuing effects into the future.
R.L. Young, W. Godfrey, B. Matthews and G.R. Adams, 1983, p. 278.

Adolescents feel that hostels have annoying rules and lack a sense of home, comfort, and privacy. Living in a hostel means a loss of independence, something highly valued by these youths. Young people complain that the police and pimps (or their associates) have easy access to them while they are in a hostel.
F. Mathews, 1987, p. 16.

Many runaways object to any law that would allow police to haul them back home or to a child-care facility. They prefer street life to the rules and regulations of parents, schools or authorities.
Globe and Mail, January 5, 1988.

Underage youth have trouble accessing services, and they pose a particular problem for service workers. Police and community workers are legally obliged to remove them from the street for their own protection – the legal age differs across provinces. Because underage youngsters are illegally running from the supervision of parents or agencies they are left with few alternatives but the street. Short-term accommodation is generally not available for underage youth. In Ontario, where the legal age is 16, short-term shelters typically provide accommodation to those who are 16 years of age or older. Although most shelters will try to accommodate minors, many who run away have no other option but to return home or perhaps live under the protection of a foster or a group home. Too many choose to escape to the street and hide out – youth in one city spoke about running from the "kiddy cops".

Some youth are grateful for police intervention because they are unable to escape the dangers of street life successfully. However, the mandate to report the whereabouts of underage youth is rigidly enforced in certain provinces, and can make many reluctant to approach services. The requirement to report those who are underage causes conflict between workers and street youth and can distance workers from those they try to help. The difficulty of reaching this population of youth is a concern.

Photo by G. Clarke

In order to reach street youth, service providers have recognized that they must be prepared to develop relationships with them based on trust and to use innovative strategies to inform them about available services. With these purposes in mind, workers have "taken to the street" in increasing numbers to meet, inform, educate and gain the trust of street youth.

Outreach teams, usually male and female co-workers, walk city streets regularly at night frequenting popular "hang outs", prostitution strolls and downtown core areas. Young people feel less intimidated and more in control in their environment, and workers get a first-hand view of street life. Initially they might mention where a particular service is located and encourage youth to visit. Conveying this type of information in a nonthreatening way is an important part of the campaign to reach those adolescents who remain on the street because of ignorance and their fear of the system.

The effectiveness of these outreach initiatives is best illustrated by the variety of services, from health-care to literacy programs, that have successfully incorporated the outreach strategy into their programs. Currently, educating street youth about AIDS and how to avoid contracting the virus has become a fundamental goal of outreach teams. More information about this is presented in Chapter IV.

Outreach programs

S.O.S. is an innovative outreach program serving youth engaged in a lifestyle of prostitution. They, [Toronto streetworkers] meet and engage in conversation with young people on the street attempting to establish a meaningful rapport. Out of this contact, they then are able to discuss the various issues of streetlife, help make connections to various agencies (e.g., medical, legal, welfare, employment), deal with crisis situations and discuss the option of leaving streetlife and prostitution.
Street Outreach Services, 1987, p. 2.

[The West Edmonton Youth Project] offers a community outreach program to youth in trouble and runaways who may be inappropriately present in malls and other public areas. [It] provides counselling, family mediation, youth advocacy, referral and transportation.
A Directory of Community Services for the Edmonton Region, 1988, #611.

The primary focus [of the outreach nurses in Vancouver] is education and prevention. "We are out there providing people with condoms and teaching them how to use them properly if they don't know. We're also providing people with bleach so they can clean their needles ... ." Their offices are equipped as examination rooms so the nurses can do complete STD examinations on males and females, and take blood samples for immunodeficiency (HIV) testing.
L. Brown, 1988, p. 11.

We service hard to reach and alienated youth who frequent downtown Toronto. Counselling, information and referral are provided for transient youth who find themselves in need, and are spending much of their time in the high risk community of the downtown core. The core is a centre for prostitution, drug dealing and violent crime. Thus, young people in need may easily fall victim to the variety of criminal opportunities. The task of the program is to deter young people from criminal activities and stabilize their lives by helping with housing, financial and vocational needs, while providing emotional support.
Inner City Youth Programme, 1988.

I don't plan on living on the street all my life.

[I] work the streets everyday, every second day. [It's] easy money and it comes fast. I'm going to get out of it, but I want to get as much money out of it as I can before I stop.
Female, 16-year-old, Prostitute.

I went to the shelter because I just wanted to take a shower and sleep my life away in a bed. Now I'm back in school, but I'm still wanting to sleep my life away. I force myself to become educated.
Female, 18-year-old, Homeless.

I don't plan on living on the streets all my life. It's like I've been locked up all my life and I'm on a party binge. [When I move to Vancouver] I'll live on the streets for a couple of months until I can get a decent job. Then I'll get a place and start working from there. I'm not really worried about living on the street because money's not a problem if I really need it. When I'm sick of it I'll do something about it. I won't be on the street after I'm 24 – I know that for a fact. If I'm still here, I've got a problem.
Male, 19-year-old, Drug abuser.

The first time I got off [the street] I had my own apartment with two other girls. I got evicted and I had just gotten out of jail. I had no feeling – someone could have stabbed me or I could have shot someone and not felt a thing. It scared me so I knew I had to stay away – so I came here [long-term shelter].
Female, 17-year-old, Drug abuser.

I'm leaving this city. I'm leaving my addiction [to the street]. I'm going to go on welfare [in the next city] and get a place [to live]. Maybe I can change my life and take on some responsibility. I'm going to upgrade – I want to be a hairdresser.
Female, 19-year-old, Homeless.

Figure 3.9
Future plans, street youth

	%
Get a job/ make money	17
Trade school/ learn a trade	16
University	16
College	12
Show business/ athletics/arts	7
High school	5
Military	3
Be married/ have a family	3
Other	6
Don't know	15

E. Getting off the street

We asked the youth where they planned to be in a few years. The vast majority said they would no longer be running. Staying on the street was rarely viewed by these young people as a lifelong venture; rather, most considered the street a transition stage between dependence and serious study, careers or jobs and more conventional lifestyles.

Generally, these young people had goals although 15 percent admitted that they had no specific plans (Figure 3.9). Over one third of the youth said they expected to be in school; most of these youth planned to further their education by attending high school or college, and a substantial group hoped to attend university in a few years. Returning to school was least important to the youthful offenders (18%). Homeless youth (19%) and drug abusers (19%) were most likely to say they planned to pursue a university education. These youth tended to be interested in fields, like medicine and law, which require extensive commitment. In view of previous decisions to curtail their schooling and their current circumstances they would need to overcome insurmountable odds to achieve such goals.

Some of the youth expected to have glamorous careers in sports, acting or music (7%). Others, more realistically, wished to learn a trade or join the military (Figure 3.9). More of the youth categorized as youthful offenders (20%) or unemployed (24%) said they planned to learn a trade. Many who had sought employment or had been on the street for some time emphasized their concern that they would have limited job opportunities until they completed their education. Almost one fifth of the youth said they planned to get a steady job and make money in the near future. The more ambitious among them said they would someday manage their own business. A few youth, over one third of whom were prostitutes, said they planned to be married with children in three or four years.

The stereotypical view of Natives as more fatalistic than non-Natives was not supported by our data. Overall, a few street youth were quite pessimistic about the future and stated that in a few years they would probably be in prison or dead.

Hopes and dreams

Want to be a child psychologist – or I'll have my auto body to fall back on, I know a lot about cars.
Female, 16-year-old, Homeless.

Going to become either a tattoo artist or graphic artist and make enough money to open a bar.
Male, 19-year-old, Drug abuser.

Finish high school at night – go to university and get a law degree. I want a house and a car and some power.
Female, 17-year-old, Drug abuser.

I plan to get my education [and become an] archeologist, I'm going to move to Greece.
Female, 16-year-old, Homeless.

[I was a] dishwasher for two weeks. [Now I get my money from] welfare, prostitution and criminal activity. [I want to be a] professional football player.
Male, 17-year-old, Prostitute.

I'm unemployed right now. My mom gives me money. [I'll be] going to school finishing Grade 12 and working part time. Then [I'll] be a rock and roll star.
Male, 16-year-old, Drug abuser.

Leaving the street

Generally, adolescent prostitutes see their involvement in street soliciting as being temporary, though few are able to articulate a plan for leaving it ... . (p. 13) The time period necessary to leave the street varies from several months to two years and longer. Factors that increase the length of time are: involvement with a pimp; the use of drugs; and the unavailability of or unwillingness to find other kinds of work. Factors that decrease the time are: illness; pregnancy; and an important relation with a girlfriend or boyfriend that would be jeopardized by the young person's remaining in the life.
F. Mathews, 1987, p. 26.

They [prostitutes] get off the street because of; conventional alternatives such as love or a job, deviant alternatives such as bigger crime rings, illness, criminal justice system, despair or death.
M. Benjamin, May 1985, p. 54.

The readjustment process is made difficult by the fact that a child's self-concept and self-esteem have been beaten down by her experiences on the street as well as in her home environment. Children who've engaged in prostitution are labelled as deviants, as outsiders according to social values and norms. Children tend to internalize this concept of themselves and consequently may have little hope or confidence that they can succeed in the straight world ... . (p. 14) Leaving the streets is also difficult because it means being cut off from the support and acceptance of street peers, the only source of a sense of belonging in the lives of these children. (p. 15)
A. Pellatt, 1988, p. 14, 15.

F. Summary

Street youth as a group were plagued by family conflict, parental rejection, abuse and personal adjustment problems. A number of pathways led them to the dangers of city streets. Most were intermittently on the street for short periods when forced to leave each of a series of living arrangements provided by parents, friends, relatives, agencies and other social service organizations.

While on the street they became physically run down because they slept and ate irregularly and were unable to keep themselves clean and adequately clothed. Most also compromised their health and values by using drugs, becoming sexually promiscuous and, once entrenched in street life, some did so by resorting to criminal activities and a few to violence. Many submitted themselves to the influence of a street subculture that endorsed these activities because friendships were crucial to their emotional and physical well-being.

Many of the youth did use available agencies and assistance programs, which they tended to learn about by word of mouth from street peers and outreach workers. Reaching street youth may depend largely on one-to-one intervention strategies which take into consideration the particular characteristics of the various street lifestyles such as, prostitution and homelessness. However, once youth are contacted education and prevention programs should not need to vary in content. The value of changing the rigid structure of services to accommodate this group's special needs has become clear to those who have made innovative service approaches, such as fielding street outreach teams and establishing store-front drop-in centres, important aspects of their programs.

The youth themselves saw their street experience as a transitional phase and most planned to escape to conventional activities like working and attending school. Service providers must continue to appeal to street youth's basic desire to change their lifestyle.

IV Knowledge

A. Introduction

This chapter outlines what street youth know about AIDS and other sexually transmitted diseases (STDs), and includes information about where they obtain, prefer and prefer not to obtain facts about AIDS, other STDs and birth control.

Having accurate information about the modes of transmission of HIV and other STDs does not guarantee that a young person will take precautions against contracting them; however, it is an important first step. If street youth are to be made aware of the risks that face them with regard to AIDS and other sexually transmitted diseases, those designing programs and information strategies to reach them should understand what they already know and where they feel most comfortable getting such information.

For some items discussed in this chapter, the responses of street youth are compared with those of students attending school in Grade 11, former students who had dropped out of secondary school and first year college and university students. Where appropriate, the responses of the five categories of street youth and of male and female respondents are considered.

Educating street youth

Educational programs designed to provide accurate information to those potentially at risk are currently viewed as the most effective means of reducing the spread of HIV infection ... . (p. 981)

... group pressure and the use of credible sources of information are critically important factors in influencing behaviour ... . (p. 982)
D. Nelkin, 1987, pp. 981, 982.

It is vital to know how young people learn about sexual behaviour and risky sexual behaviour and how the learning process varies among communities of various kinds and different age groups. If we understand the channels of information, we can also learn how to convey information that will have an effect upon behaviour change and therefore reduce risk.
L.R. Marsden, 1988, p. 340.

... it's so confusing.

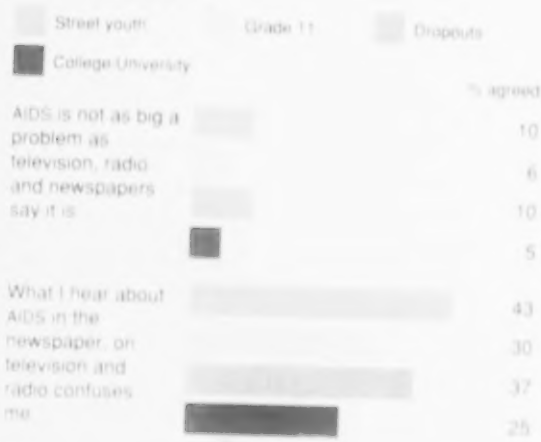
It's bloody creepy. It's creating a lot of tension in people that is not really necessary. It brings out the worst in people. There's too much going on; people who don't know what they're talking about trying to educate people about AIDS. People are clutching their own biases, they don't care what's real. Male, 17-year-old, Homeless.

Actually it's hard to know [what puts you at risk] 'cause you've got a bunch of people saying use condoms, another group saying don't have sex at all and another group saying do whatever you want. If you listen to the stuff on TV it's so confusing. Male, 19-year-old, Homeless.

I can get six articles [on AIDS] daily out of a newspaper and I'm finding a lot of contradictions.
Male, 17-year-old, Homeless.

I think it's blown out of proportion a hell of a lot and I don't think it should be published as much as it is. Once the media gets a hold of it they have 30 different things they say about it. They have that thing in Toronto where a guy got charged for murder, spitting on a cop, and then a doctor said you could swallow like six gallons of saliva with AIDS and it wouldn't hurt you.
Male, 19-year-old, Homeless.

Figure 4.1
Attitude toward AIDS information, four responding groups



B. Attitudes toward AIDS information

Street youth were asked their views about the media's treatment of AIDS information. Many expressed a concern that the disease was a larger problem than the media led people to believe. Only ten percent of the street youth thought AIDS is not as big a problem as the media claim (Figure 4.1). The same proportion of dropouts had that view, but fewer of the Grade 11 and college/university students thought so. What the media have to say about AIDS confused approximately two fifths of the street youth (Figure 4.1).

A large majority of street youth (77%) believed they needed to know a great deal more about AIDS. The proportions agreeing in each of the other groups were slightly larger, but more of the students (86% of Grade 11s, 89% college/university) believed this than the dropouts (80%).

More of the Native street youth (84%) than the non-Natives (76%) felt they needed more information about AIDS. A comparison of the five types of street youth revealed that more of the homeless and those preparing for or seeking jobs indicated they need to know more about AIDS (Figure 4.2).

Street youth discussed AIDS among themselves less often than did respondents in the dropout and college/university groups; one quarter of each of the street youth and Grade 11 groups were concerned enough to talk about the disease with their friends, compared to about one third of respondents in the other two groups.

Figure 4.2
Attitude toward learning about AIDS, street youth by type

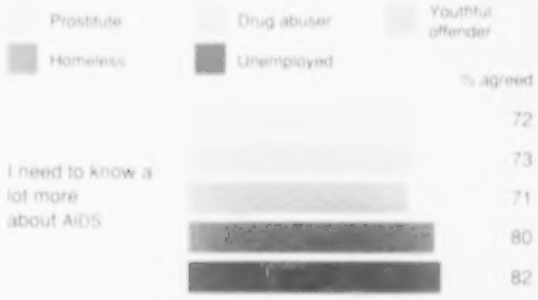


Photo by B. Clark

Street youth want to know more about AIDS

There should be more information available – so kids know what they're getting into; knowing the right steps to protect themselves. The same with herpes, that's for life too and they should be educating about all STDs.
Female, 17-year-old, Drug abuser.

I feel uncomfortable with AIDS because you don't know how you can get it. Someone should talk to me.
Female, 18-year-old, Prostitute.

[It's] scary! People should be having safe sex. [The] government should have more programs and talk to us about AIDS.
Female, 15-year-old, Prostitute.

I need to know more about it [AIDS]. I wish they had seminars for teenagers only and that friends would speak more openly about it.
Female, 18-year-old, Drug abuser.

I don't think I'm really sure on how it's caused and that – like tears and stuff like that – can you catch it from them?
Female, 19-year-old, Unemployed.

I don't know all the ways I could catch it. I wish that they would tell everybody the whole truth about how you can catch it 'cause you hear one thing and then another doctor says something else – you don't know.
Female, 17-year-old, Unemployed.

When did they find out about AIDS? How many [AIDS victims are there] in Canada? Is there any in my town? If there is I'm staying home.
Male, 16-year-old, Unemployed.

The government should publicize the fact that AIDS is here. It's a reality, not a fantasy. Why hide it? Distribute information, stop hiding things and covering it up.
Male, 19-year-old, Prostitute.

I don't think people are well enough informed about it and I think it's going to get a lot worse before it gets better.
Female, 17-year-old, Unemployed.

C. Knowledge of AIDS

During the interview, the street youth were asked to respond to 12 items designed to test their knowledge about AIDS. The items were worded as simply as possible in the form of questions, such as "Can you get the AIDS virus by hugging someone?", to which they responded "yes", "no" or "don't know". In the following sections, the overall knowledge of the street youth is first discussed, then answers to questions related to the definition of AIDS, HIV transmission and methods of protection against contracting and transmitting the virus.

1. Overall knowledge about AIDS

Generally, the street youth showed as much knowledge about AIDS as respondents in the other three groups. On all AIDS knowledge items, which differed only slightly between groups, the average percentage of correct responses was 75 percent for street youth, 67 percent for Grade 11s, 77 percent for dropouts and 70 percent for college/university students. Differences in overall knowledge about AIDS concepts across the types of street youth were slight (Figure 4.3). Native street youth were slightly less knowledgeable than non-Native young people (70% compared with 76%).

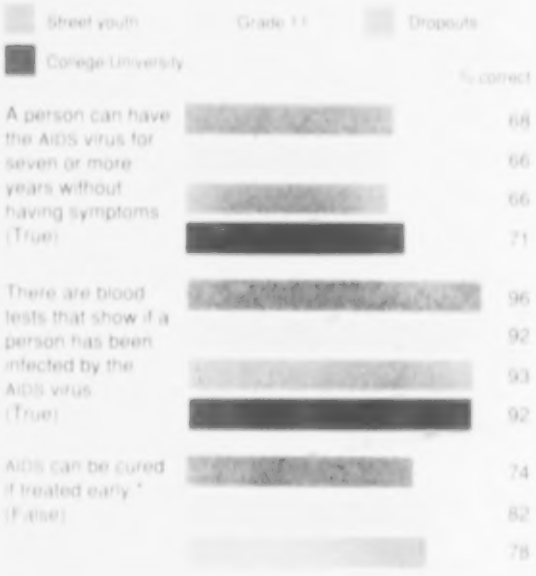
Figure 4.3
***AIDS* knowledge, street youth by type**

Some are frightened

... pretty soon no one will be left. There won't be anyone left and you won't even be able to let your cat out without it getting AIDS.
Female, 17-year-old, Homeless.

It's a pretty scary disease. If it gets bad enough I'd just disappear ... find a cabin up north and just disappear.
Male, 19-year-old, Homeless.

Figure 4.4
Knowledge of AIDS – definition, four responding groups



* The college/university questionnaire did not include this item.

Some think the AIDS "scare" is overrated

I think AIDS is really overrated, it's not like every second person has it. And because of this it scares people and they think "don't touch me."
Female, 18-year-old, Unemployed.

I think it's a big deal and they should hurry up and find a cure for it, but everyone should mellow out a little bit. It's not like we're all going to get it or anything.
Female, 17-year-old, Homeless.

[AIDS] doesn't affect me.
Female, 20-year-old, Unemployed.

2. Definition of AIDS

Four questionnaire items about the asymptomatic phase of HIV (that one can have the virus without symptoms for seven or more years, as reported at the time of the survey), detection of the virus through blood tests, the lack of a cure and the effect of HIV on the body's immune system were addressed to the respondents. A fifth item determined whether or not they believed the myth that all gay men have the AIDS virus.

Responses to the three items in Figure 4.4 indicate that the majority of the street youth knew that it could take seven or more years for HIV to have an effect on one's body and that AIDS cannot be cured. Many knew there is an asymptomatic stage to the development of AIDS; however, a few did not have a clear idea of the number of years the asymptomatic phase might continue. The changing and sometimes inconsistent information available about AIDS contributes to young people's confusion and may lead them to distrust or ignore all information.

Almost all street youth knew there are blood tests to detect the presence of HIV. Blood testing was not something about which some only heard: one fifth of the sexually active street youth talked of having been tested for the HIV antibody. Testing is discussed further in Chapter VI.

To the statement "AIDS makes the body unable to fight off infectious diseases", one quarter of the street youth either responded incorrectly or said they did not know the answer.

Native street youth were less knowledgeable than non-Natives on three of the four questions about the definition of AIDS. One fifth of the Native street youth believed that all homosexual men were infected with HIV; only five percent of non-Natives believed this myth. Attitudes toward homosexuality and AIDS is discussed in more depth in Chapter V.

Questions and misconceptions about AIDS

There's a lot of things that I don't know. I don't understand how you can catch it sexually or how you can have it for seven years without knowing that you got it.
Female, 19-year-old, Unemployed.

Guys are definitely [more at risk for AIDS]. The AIDS virus is connected with gay men and bisexuals. Their [homosexual men] hormones are different than girls, it's like water and oil, normally they don't mix, but when they're the same sex, they mix.
Female, 16-year-old, Unemployed.

Gay men are more at risk – but I don't know why. Is it because they do "it" [intercourse] in a dirty area?
Male, 18-year-old, Unemployed.

[Vaseline] gives more chance of AIDS. You don't know what's in that vaseline.
Female, 19-year-old, Homeless.

Can you catch it from saliva?
Male, 16-year-old, Homeless.

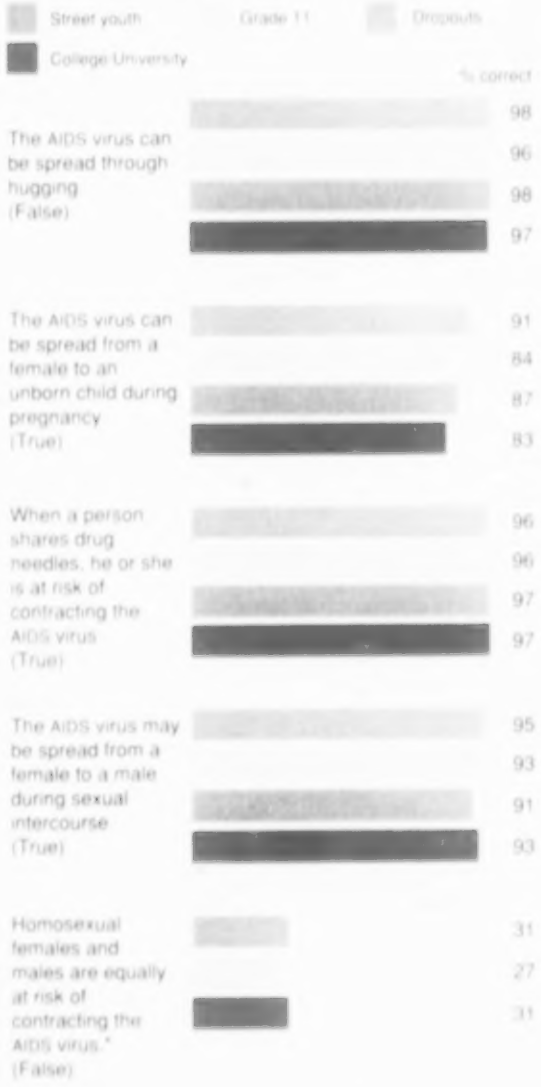
If you kissed someone could you get AIDS?
Male, 17-year-old, Drug abuser.

I know a lot of people have a misconception about it – like if somebody who had AIDS went into a pool – everyone would say don't go in.
Female, 19-year-old, Unemployed.

I think that if everybody used a condom you wouldn't get AIDS – you wouldn't get AIDS would you? I can't see how women get AIDS. You can't get AIDS from saliva – how do women get AIDS – by having a homosexual partner?
Male, 17-year-old, Unemployed.

I think it's from dirty people, like every other disease. [They] don't wash [and they're] sleepin' with everything on the go.
Female, 17-year-old, Drug abuser.

Figure 4.5
Knowledge of AIDS – transmission, four responding groups



* The dropout respondents were not asked this question.

3. Transmission of HIV

The street youth were slightly more knowledgeable on two of five questions about transmission of HIV, but on the whole their knowledge was quite similar to that of other youth (Figure 4.5). Almost all the prostitutes and drug abusers answered correctly the question about the high risk of sharing needles; the information that sharing contaminated needles is a mode of transmission of the virus appears to have reached the street youth in these two groups.

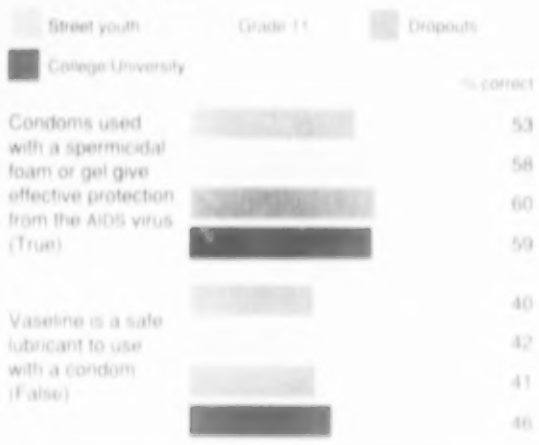
It became apparent during the interviews that even though some street youth knew certain facts about HIV transmission, they could not explain why certain related activities were dangerous. Most knew that homosexuals are at risk, but 69 percent of the respondents were unaware that homosexual men are more susceptible to the virus than are female homosexuals. When the answer was explained it became evident that some of these young people did not recognize that anal intercourse is the high-risk behaviour responsible for the spread of HIV in the male homosexual community. Furthermore, only a few of the street youth understood that anal sex, as commonly practised by homosexual men, is a high-risk behaviour because the virus can enter the blood stream of the receptive partner if the lining of the anal passage is torn during anal intercourse.

Photo by G. Clarke

4. Protection

Responses to the two items about condom use revealed that street youth had inadequate knowledge about this method of protection (Figure 4.6). Only 40 percent of them believed correctly that vaseline was not a safe lubricant to use with a condom. The majority of street youth knew that condoms can provide protection against the virus, but many did not know that spermicidal foam or gel gives extra protection. In fact, 28 percent of them believed condoms used with a spermicide are ineffective in protecting against HIV. The question about the use of condoms along with spermicidal foam or gel was difficult for many of the street youth because they did not understand the term "spermicidal" or the example given – "nonoxynol-9". Nevertheless, it would appear that many who did not answer correctly were distracted enough by the reference to spermicides to question the truth of knowledge they did possess; that is, that condoms protect.

Figure 4.6
Knowledge of AIDS – protection, four responding groups



Spermicides

Nonoxynol-9, the active ingredient in most over-the-counter spermicides kills sperm cells through a detergent action that attacks the cell membrane. Nonoxynol-9 also kills various organisms that cause sexually transmitted disease, including AIDS, gonorrhea, syphilis, chlamydia, herpes, and hepatitis B. Even concentrations under one percent have inactivated the AIDS virus in the lab. So nonoxynol-9 spermicides, used with a condom, can provide something of an extra safety net, should the condom break. ... Oil-based lubricants weaken latex considerably. Mineral oil, baby oil, vegetable oil, petroleum jelly, cold cream and hand lotions containing such oils can all offset latex. ... the lubricants safe for condoms are water-based. They include surgical jellies, such as K-Y Lubricating Jelly and Today Personal Lubricant.
Consumer Reports, March, 1989, pp. 139-140.

Misconceptions about condoms

A condom does protect you but spermicides wouldn't do nothing but keep you from getting pregnant.
Female, 16-year-old, Drug abuser.

If a person had AIDS and vaseline stayed inside "there" [the vagina] there would be more chance of catching AIDS. Better to use sterilized gels.
Male, 17-year-old, Unemployed.

Just tell kids condoms make it more safer – but I'll never try them – I don't know why. I'm worried, but I still don't think I'll ever get it.
Female, 17-year-old, Youthful offender.

I don't know why you shouldn't use vaseline with a condom. I guess it would slip off.
Female, 18-year-old, Unemployed.

A condom, period, does you. I don't think the foam would do anything.
Female, 16-year-old, Drug abuser.

[The foam] helps fight bacteria.
Female, 17-year-old, Homeless.

[I] would say yes to the condom. It doesn't matter if there's spermicide or not – it can't help.
Female, 17-year-old, Prostitute.

Only one half of the prostitutes knew that spermicidal foam used along with condoms increased one's protection from HIV. Thirty-eight percent of the prostitutes (compared with an overall average of 24%) thought that vaseline is an appropriate lubricant to use with a condom, a dangerous bit of misinformation.

D. Sources of information about AIDS

In this section we present what we learned about where street youth obtained their information about AIDS.

In Figure 4.7 we have combined the street youth's first and second sources of information about AIDS. Almost one half reported television as the primary source (46%), and two thirds of the street youth cited television as a first or second source of information about the disease. Some street youth watch television in the lounges of agencies and group homes, some in correctional facilities, some in hotel rooms and others in their homes when they spend time there.

Photo by B. Clark

Promoting AIDS protection on the street

Available education/prevention materials are not geared to this client population (street youth) – too wordy and middle class and not including violence and transmission of AIDS.
L. Edmiston, 1988, p. 1.

Programs will need to be presented in candid and explicit language – not merely using terms like "exchange of body fluids" – and will need to address issues such as the relative risks associated with various sexual practices, use of condoms, sharing of intravenous equipment, and cleaning of injection equipment. Such programs should also provide people with the negotiating skills needed to deal with high-risk situations.
R. Fraser et al., 1988, p. 133.

It's even harder to reach the kids out of school, says Bill Downes coordinator of the new AIDS program at Street Outreach Services. Not enough material is geared for this group, he says. Health and Welfare Canada is starting to develop shorter, simpler pamphlets in the language of the street. The SOS program for street kids and prostitutes distributes free condoms. But the nonoxynol-foam recommended as a backup is much too expensive, both for the agency to give out and for the kids to buy.
The Toronto Star, May 14, 1988.

... peer educators provide outreach and information on AIDS throughout local housing complexes, train stations, playgrounds/areas and street corners where teenagers congregate. (p. 11)

Peer educators are powerful educators. They tell it like it is which is most times painfully truthful. (p. 14)
J.Y. Hall and A. Troutman, 1989, pp. 11, 14.

Figure 4.7
Main sources of information about AIDS, street youth

Photo by J.P. Lemay

Safer sex brochures

Print material was reported by 43 percent of the youth as a main source of AIDS information. We combined individual responses citing newspapers, pamphlets/ brochures, magazines and books to form the category "print material". Newspapers and pamphlets were mentioned more often than magazines and books. Street youth pick up pamphlets or brochures at social and health services and information in this form is distributed on the street by outreach workers. Printed matter is inappropriate for some street youth because they have low-level reading skills. We did not ask the youth about their reading ability, but the interviewers observed that the reading level and vocabulary of materials currently available presented a problem for some. Strategies for disseminating accurate and compelling information about any health threat to street youth must take into account the rate of illiteracy among them and their actual as well as their preferred avenues for obtaining information.

Each of school, friends and agencies was a main source of information for less than one fifth of the street youth. Only a small percentage of the street youth across Canada (5%) said they learned most of what they knew about AIDS "on the street", from street peers.

As can be seen from the comments in the outside column, street youth received AIDS information from a variety of social services. These included community centres, drop-in centres, shelters, group homes, young offender facilities and employment centres. The 12 percent of respondents who mentioned that they learned most of what they knew about AIDS from agencies were referring to the films and discussion groups about AIDS organized by service providers.

The knowledge of street youth varied only slightly depending on their main source of information, but those youth who possessed the most accurate AIDS knowledge overall had obtained most of their information from agencies.

Photo by J.P. Lemay

Some learn about AIDS at agencies

Three or four weeks ago [I saw] a movie at Inner City. That's the first time I learned you could get it from needles.
Female, 19-year-old, Homeless.

You get to know who knows what and who doesn't. All these [social] workers in jail and agencies out here want to tell you everything [about AIDS]. You just look like you are listening and say, yeah! The ones you like you listen to.
Male, 19-year-old, Drug abuser.

[I was in] open custody. [We] had a talk. The teacher had us make posters.
Female, 17-year-old, Unemployed.

[At] Under 21 [they have] rap sessions and films.
Male, 16-year-old, Homeless.

Ray-Cam [Community] Centre showed us a video.
Male, 15-year-old, Unemployed.

[I saw a] half hour film at Beat the Street.
Female, 17-year-old, Unemployed.

[On] Thursday nights here (Covenant House) [we have] support groups [where I have learned about AIDS].
Male, 17-year-old, Prostitute.

Programs to change high-risk behaviour

A credible source [of information] for the general population will not be a credible source for individuals engaging in high-risk behaviours and a credible source for one high-risk group may not be credible for another. For all members of groups labelled as deviant or criminal in our society, governments by definition are not credible sources.
L.R. Marsden, 1988, p. 343.

Educational programs promoting behaviour changes will not be effective if the means to effect that change are not available ... . It is therefore essential that condoms are easily available in establishments in which sexual liaisons may be negotiated, such as singles bars ... .
R. Fraser et al., 1988, p. 134.

... researchers must develop and evaluate intervention programs that go beyond providing general knowledge of AIDS. Such programs must assess both personalization of AIDS knowledge and accompanying behavior change.
M.J. Rotheram-Borus, C. Koopman and J.S. Bradley, 1988, p. 3.

Outreach programs to educate street youth

The Toronto and Vancouver municipalities have proposed outreach programs to be implemented in the near future. The City of Toronto program is designed to reach both intravenous drug users and adolescents through Inner City Youth and $513,000 per year has been allocated to the program until the end of 1989. Public health nurses and street workers will be employed in this project. Vancouver street workers pass out condoms and pamphlets on cleaning syringes.
R.D. Fraser and M.A. Cox, 1988, p. 160.

Equipped with bottles of bleach, condoms and pamphlets, four Vancouver nurses are spending most of their working hours on the streets of the city. They are participating in an innovative outreach program - the first of its kind in Canada to employ nurses - to help battle the spread of AIDS ... . (p. 10)

Most of their time is spent walking along the streets, business cards in hand, and approaching groups or individuals. They introduce themselves and identify their profession, and tell the people about the free condoms and bleach. They also go into hotels and bars to leave stacks of pamphlets and to put up stickers and posters that let people know what information and testing are available. But most of all, they talk. In a friendly and casual manner, the nurses make it clear that they are willing to provide information on a wide range of topics. (p. 12)
L. Brown, 1988, pp. 10, 12.

There were youth who pointed to the need for programs in some agencies currently less involved than others in promoting information about AIDS and prevention among the youth. For example, some youth in correctional centres expressed a concern that information and free condoms, which are often accessible at drop-in centres and clinics, are rarely available at group homes for criminal youth and open-custody detention centres. This might explain why youthful offenders were slightly less knowledgeable about AIDS.

Doctors, nurses and clinics were rarely reported to be sources of information about AIDS (see Figure 4.7). However, nurses have begun to become involved in street outreach work and to educate street youth about health issues (see Chapter III). In Vancouver during their "stroll", outreach nurses make contact with and pass out information to young people new to the street just as other street workers do. They distribute AIDS pamphlets, condoms and bleach, for sterilizing needles, to high-risk groups such as prostitutes and intravenous drug users. At that time the street nurses try to encourage youth to drop into the centre for further AIDS and other STD education, and to take advantage of other services offered such as free medical examinations and counselling.

E. Knowledge of other sexually transmitted diseases

The street youth and youth in the other three responding groups were asked six questions about sexually transmitted diseases other than AIDS. Before responses to specific items are discussed, their combined correct responses to all items are outlined.

1. Overall knowledge of sexually transmitted diseases

The overall knowledge of street youth about concepts related to STDs covered in this study was similar to their knowledge about AIDS. The average number of correct responses on the STD items was 76 percent for the street youth – greater than for the other groups; Grade 11s had an average of 56 percent, dropouts 70, and college/university students 63 percent. These latter three groups did not know as much about STDs as they did about AIDS.

Some street youth are misinformed about STDs

It [birth control pill] makes you less susceptible to STDs, like gonorrhea.
Female, 16-year-old, Homeless.

My girlfriend had gonorrhea [gangrene] on her ankle.
Male, 18-year-old, Drug abuser.

Don't feel I'd get one[STD] – as long as it ain't AIDS, I'm not worried about it
Male, 16-year-old, Unemployed.

My mom gives me little blue pills that come from the doctor – she says it will protect me from diseases [STDs].
Female, 19-year-old, Unemployed.

STD information

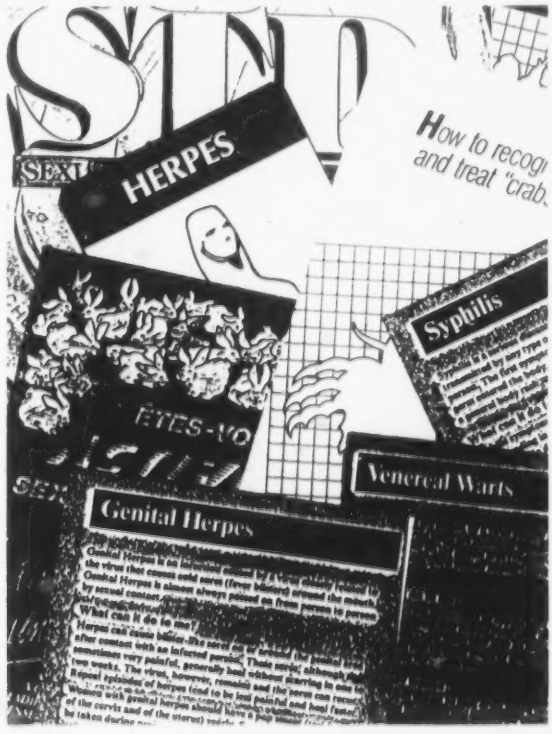
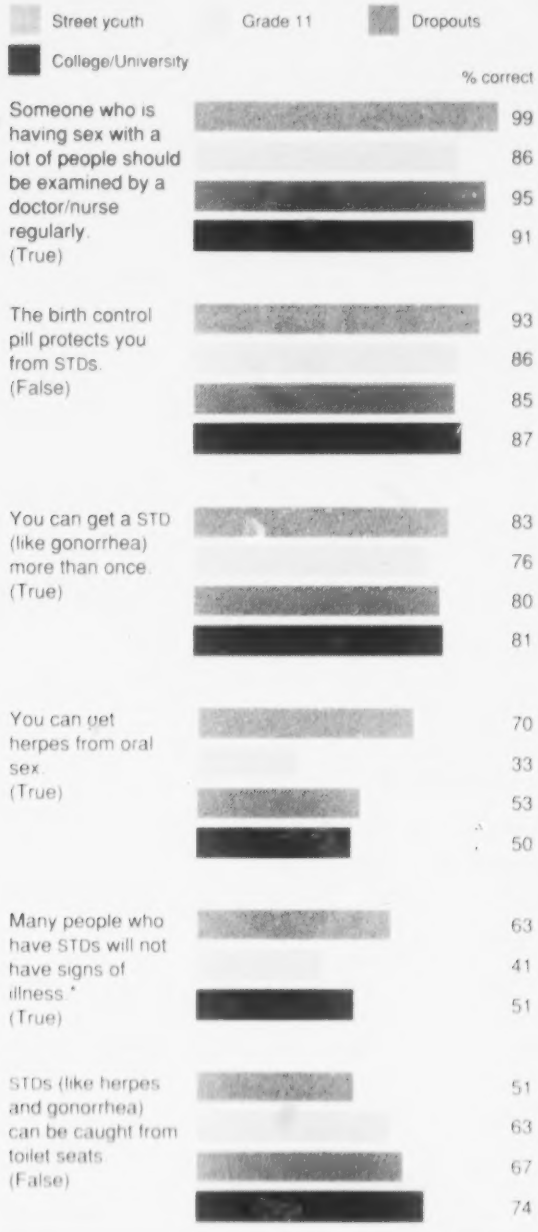


Figure 4.8
Knowledge of other STDs, four responding groups



* The dropout respondents were not asked this question.

2. Knowledge of specific STD concepts

Figure 4.8 shows the percentage of all groups who responded correctly to the six items about STDs. On four of the six items the street youth showed a better knowledge than other youth. Virtually all street youth were particularly sensitive to the need for regular medical check-ups if one has multiple sexual partners. Most were aware that the birth control pill does not protect against STDs. The other youth also understood these two concepts. As many street youth as post-secondary students knew about the possibility of contracting the same STD more than once, and more street youth knew about the possibility of contracting genital herpes by means of oral sex. It is clear that most of the prostitutes (85%) had received the message that genital herpes can be transmitted through oral sex. The asymptomatic nature of STDs (that one can have a STD without symptoms) was understood by almost two thirds of the street youth. More of the female street youth (69%) than the males (58%) were aware of this and again more of the prostitutes (74%) than the other types of street youth.

The fact that you cannot catch a STD from a toilet seat was known by only one half of the street youth; higher percentages of the students and dropouts knew this. When the item was read during the interview, examples of STDs were given and crab louse and scabies were purposely excluded. Almost one fifth of the interviewees did not know the answer, and almost one third answered incorrectly. Many of them were adamant in the belief that STDs could be caught from toilet seats.

Figure 4.9 presents the percentage of Native and of non-Native street youth who correctly responded to questions about STDs. Overall, the differences in the average percent of correct responses between Native and non-Native street youth was five percent (71% compared with 76%). Similar percentages of respondents in both groups knew all but two concepts: proportionately fewer Natives knew about the asymptomatic period for some STDs and about the possibility of contracting a STD more than once.

Figure 4.9
Knowledge of other STDs, Native and non-Native street youth

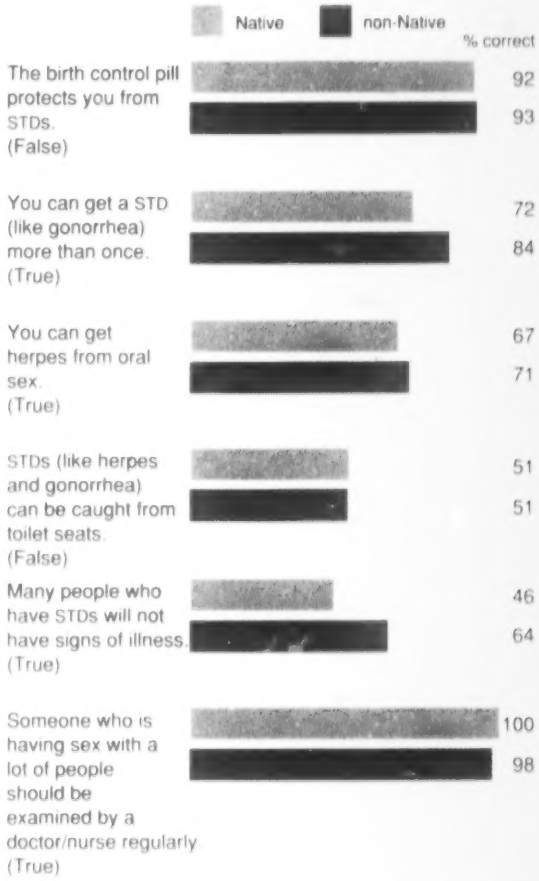
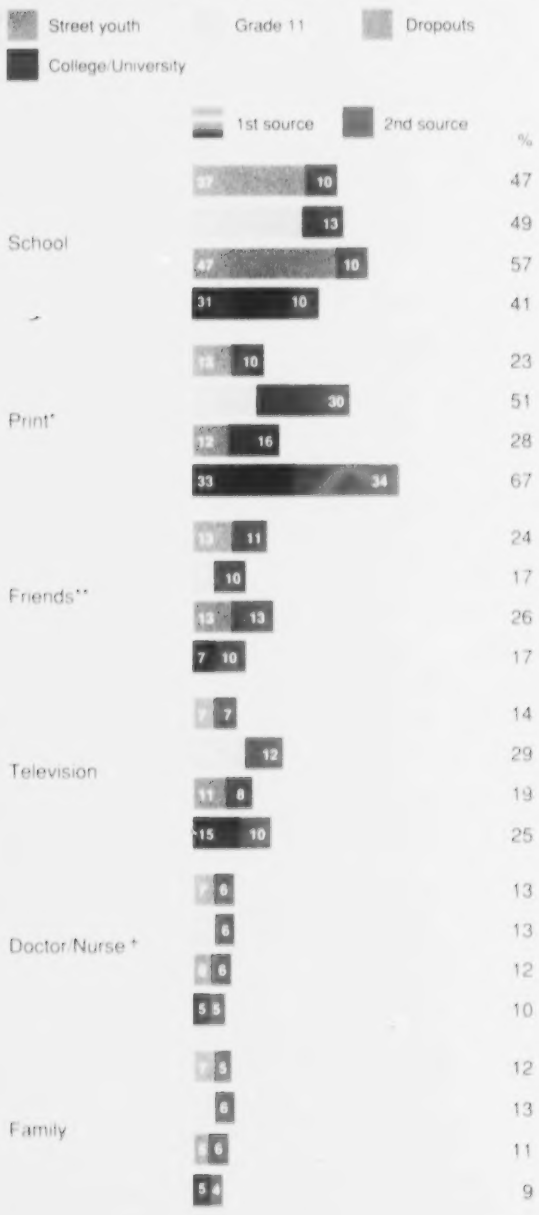

Native
non-Native
% correct
The birth control pill protects you from STDs. (False)
92
93
You can get a STD (like gonorrhea) more than once. (True)
72
84
You can get herpes from oral sex. (True)
67
71
STDs (like herpes and gonorrhea) can be caught from toilet seats. (False)
51
51
Many people who have STDs will not have signs of illness. (True)
46
64
Someone who is having sex with a lot of people should be examined by a doctor/nurse regularly. (True)
100
98

Figure 4.10
Main sources of information about other STDs, four responding groups



* Agencies were a main source for an additional 7 percent of street youth.

** "The street" was a main source for an additional 6 percent of street youth.

\+ Clinics were a main source for an additional 7 percent of street youth.

F. Sources of information about other STDs

The respondents were asked what or who were their main sources of information about STDs. Their first and second sources of information are combined, and the responses of the four groups are summarized in Figure 4.10. It seems appropriate to discuss also where they learned about sex and birth control. Therefore, some of the responses of street youth about these topics will be referred to in conjunction with their sources of information about sexually transmitted diseases.

The largest proportion of street youth (47%) reported that a main source of information about STDs was school. STD has been a topic in the school curricula much longer than AIDS has. However, many commented that what they learned about STDs in school was inadequate. School was also reported as a main source of STD information by almost one half of Grade 11s, and over one half of the dropouts (57%), but by a smaller proportion of college/university first year students. Many street youth reported school as a main source of their information about sex (37%) and birth control (38%) (Figures 4.11 and 4.12).

A number of street youth said they had become aware of STDs because one or more of their friends had contracted one. Peers were a main source of STD information for 30 percent of them; 24 percent cited friends as either their first or second source and six percent said they learned about sexually transmitted diseases from other street people. A larger proportion of street youth, however, reported that their friends were a major source of information about sex (44%) and birth control (36%) (See Figures 4.11 and 4.12). Fewer students obtained STD information from friends, but the proportion of dropouts who did was similar to that of street youth.

Figure 4.11
Main sources of information about sex, street youth

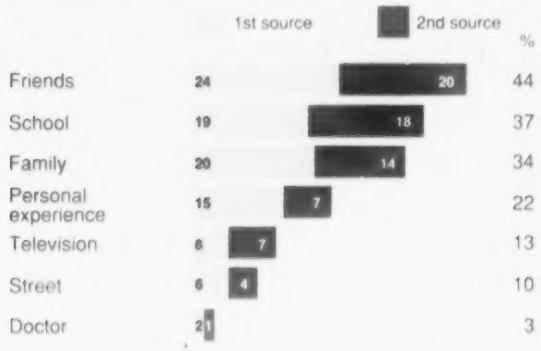
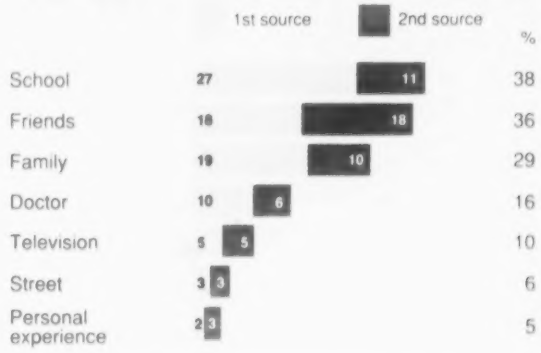


Figure 4.12
Main sources of information about birth control, street youth



Where street youth learned about STDs

[I learned from] books my friends have had out.
Male, 19-year-old, Drug abuser.

[I read] porno magazines. [I] really don't know much about it [STDs].
Male, 18-year-old, Homeless.

I didn't hear nothin' about them - I just knew the names.
Female, 17-year-old, Homeless.

[I learned from] friends [and I got] pamphlets at places like Inner City and a doctor's office.
Male, 18-year-old, Homeless.

[I learned about STDs from] friends [and at] school [but I] don't know a lot about them.
Female, 16-year-old, Drug abuser.

School [told us about] herpes, syphilis and gonorrhea [but I] never really learned any of that stuff.
Male, 18-year-old, Youthful offender.

Figure 4.13
Accuracy of street youth knowledge about other STDs, by source of information

	%
Doctor*	82
Agency	81
Print material	80
School	79
Family	70
Television	70
Friends	69

* Respondents who said doctor was their primary source of information

Almost one quarter of the street youth obtained STD information from print material. Many more students than street youth and dropouts relied on print material as a main source of information. The facts that this substantial proportion of street youth receive much of their information in a printed form and that pamphlets and posters are an efficient way to disseminate accurate information are good reasons to ensure that they continue to be made available in an appealing and informative format with up-to-date information.

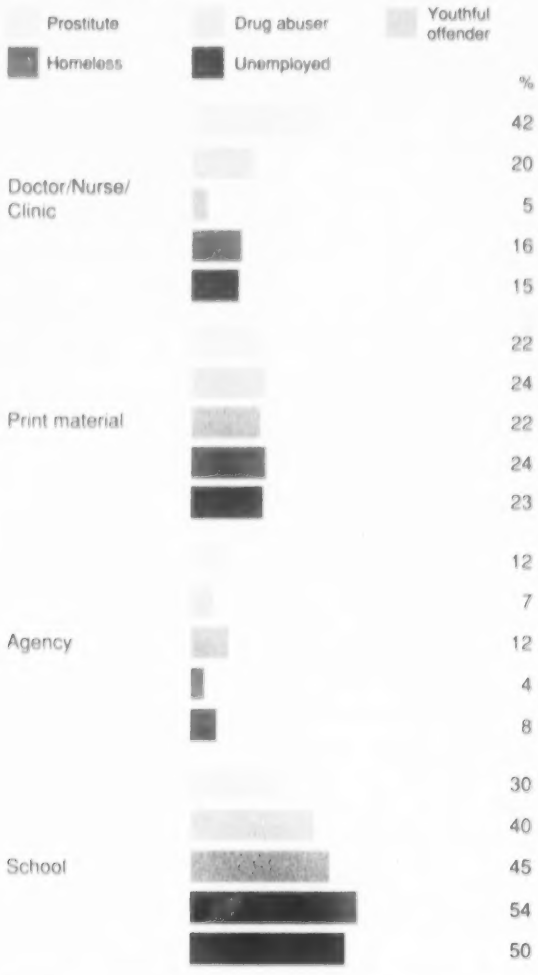
Doctors and nurses are an important and a preferred source of information for street youth. Given that 13 percent of street youth find out about STDs from doctors and nurses in private practice and emergency departments and 7 percent see medical personnel at community health clinics (see Figure 4.10), the proportion of them who obtained STD information from health-care professionals is more accurately 20 percent. Doctors supplied birth control information to 16 percent of these young people.

Similarly, small proportions (9% to 13%) of all four groups reported family as a principal source of information about STDs. About one third of the street youth relied on their families for information about sex (34%) and birth control (29%) – very similar to the proportions of school youth and dropouts who did so.

Street youth with the most accurate overall knowledge about STDs had obtained information mostly from doctors, agencies, print material and school (Figure 4.13). The primary source of STD information for those respondents with the least accurate knowledge were friends, television and family, more specifically parents.

When the four most reliable sources of STD information (those from which street youth had obtained the most accurate information) were considered for each type of street youth, the most interesting finding was that doctors, nurses and community clinics combined were main sources of STD information for a large proportion of the prostitutes (42%); this percentage is far greater than for the other categories of street youth (Figure 4.14). School was a main source for a substantial proportion (between 30 and 54%) of each of the types of street youth, as were print materials (between 22 and 24%).

Figure 4.14
Main sources of other STD information, street youth by type



Where street youth would not go for help about AIDS, STDs and/or birth control

Friends are great to talk to but they don't know all the right stuff you have to know about.
Female, 19-year-old, Homeless.

Government agencies, I'd wonder about anything to do with Social Services. Anywhere they're taking down information about your personal life and stuffing it into a computer - or any sort of bureaucracy where you're not talking to people, just filling out forms.
Male, 20-year-old, Homeless.

A religious place like a church or a psychologist or family doctor - either they don't know me enough or they know me too much - makes me feel uncomfortable.
Female, 16-year-old, Homeless.

My family doctor - awhile back when I first came home [off the street] my mom made me go to the doctor - she [doctor] phoned my mom instead of me and told her the results, it really wasn't any of my mom's business.
Female, 16-year-old, Homeless.

People on the street, they wouldn't know about it or have the right information.
Female, 17-year-old, Homeless.

She [mother] thinks you should save it [sex] 'til you're married - she doesn't understand or even listen.
Female, 19-year-old, Unemployed.

Health clinics or anywhere that provides a specific service is a problem - any structured system that's there for one purpose would mean that everyone knows why you're there.
Male, 17-year-old, Homeless

Adults - they can't relate to kids. [I] went to a social worker [because I was abused - the social worker wouldn't do anything. Mom used to be an alcoholic/drug user ... Dad died of an overdose [when I was] two and a half. The only people who would listen were friends.
Female, 16-year-old, Youthful offender.

I'm not comfortable around my parents at any given time, plus the fact that I know my parents aren't really comfortable talking about stuff and I wouldn't get any straight answers.
Male, 15-year-old, Homeless.

[I] just can't talk to my parents about stuff like that. I don't feel comfortable doing it and I don't feel confident that they know enough about it. Younger people who are in the field know more about it.
Male, 19-year-old, Homeless.

I wouldn't want to go to my friends because they probably know just about as much as I do. My parents - because they'd probably think that I have it or I'm sleeping around - they don't think very much of me.
Male, 20-year-old, Drug abuser.

G. Preferred sources of information

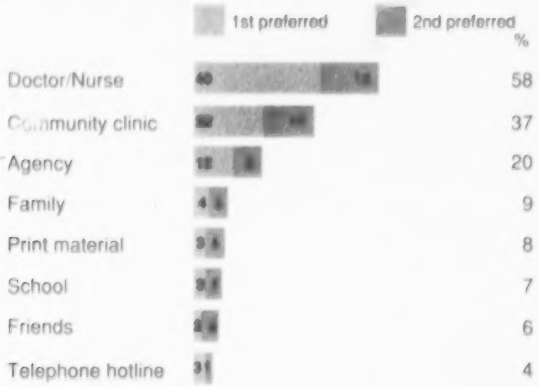
The street youth respondents were asked where they would prefer and prefer not to get their information about AIDS, STDs and birth control.

Confidentiality was a major issue for the street youth. They were afraid that rumours about themselves and their medical condition or concerns might be relayed to others on the street. Also, many indicated that they did not trust friends to have accurate information about sexually transmitted diseases. When expressly asked which sources they least preferred for information about AIDS, other STDs and birth control, almost one third (31%) declared they would not go to friends for information and almost as many (28%) would not seek information from their mothers (Figure 4.15). About one fifth of the street youth would prefer not to seek information about these subjects from others on the street; prostitutes were the least likely to talk to others on the street about such problems perhaps for fear that word would leak out and affect their work. Only a small proportion of street youth do not trust schools (10%), doctors, nurses or clinics (12%) or agencies (5%) to give them accurate, complete information about AIDS, sexually transmitted diseases and birth control.

The source of information about all STDs, including AIDS, and birth control preferred by over one half of the street youth was doctor or nurse (Figure 4.16). In addition, over one third of them preferred obtaining information from a clinic where health-care professionals would be present. One-fifth of the respondents preferred obtaining their information from a social service agency. Other sources – print material, school, friends, family (mostly mothers) and hotlines – were each preferred by less than ten percent of the respondents.

Figure 4.15
Least preferred sources of information about AIDS, other STDs or birth control, street youth

Figure 4.16
Preferred sources of information about AIDS, other STDs or birth control, street youth



Where street youth would go for help about AIDS, STDs and/or birth control

It would be nice to have government vans where they would have an AIDS information van that could provide past and present information. What's changing is critical ... . It would be nice if someone came down and spoke to us [street kids] and gave us things [protection].
Male, 17-year-old, Homeless.

I would tell my boyfriend first and then I don't think I'd go anywhere until I had to [until I was sick] I wouldn't tell anyone else.
Female, 18-year-old, Unemployed.

Group home supervisor. He's sort of like my father.
Male, 17-year-old, Youthful offender.

I would like to go to talk to experts, like researchers who are trying to cure it.
Female, 16-year-old, Unemployed.

I think that they should have a place even if it's a small library or something like that, with information and people to talk to. 'Cause I know young kids are afraid to go to their parents, doctor or even a clinic.
Female, 19-year-old, Unemployed.

I think it would be interesting if an envelope were sent around to houses. If it came to the door it would be read. That way people who are too embarrassed to go to their family doctor or whoever could get information. When I go into the doctor's office there's plenty of things set up, but if you start looking through things you get the feeling people are looking at you – why do you want to know that?
Female, 19-year-old, Unemployed.

Call up anonymously [hot line]. I wouldn't tell my parents, that's for sure.
Male, 16-year-old, Homeless.

Reading [in] the libraries or doctor's office. I try not to worry about it so I don't want to find too much out about it.
Male, 19-year-old, Drug abuser.

I don't go for help. If I thought I had it I'd make away with myself.
Male, 18-year-old, Youthful offender.

When asked where they would seek help if they thought they had AIDS or another STD, health professionals were once again the preferred source of assistance. Forty-two percent said they would seek help from their family doctor, 11 percent another doctor, 20 percent a community clinic and 12 percent said they would go to a hospital. Their reasons for going to medical people other than their family doctors were usually related to confidentiality and the fear that parents would learn of their problems or their whereabouts from family doctors.

H. Summary

Although having accurate knowledge about HIV and other STDs does not in itself lead to safer sexual behaviours, it is a prerequisite if they are to be practised. Street youth were as knowledgeable about many concepts related to AIDS as students in Grade 11 and first year college/university and secondary school dropouts, and their responses to some questions indicated a more accurate knowledge of certain aspects of AIDS. However, they need to know more about the effective use of condoms if they are to protect themselves successfully against HIV and other STDs. Many showed concern about AIDS and over three quarters of the street youth realized they need more information about AIDS - during the interviews many asked questions about possibie modes of transmission and the effect of AIDS on the body.

As was the case with their contemporaries, street youth obtained most of their information about AIDS from television and print material. About two fifths of those interviewed admitted they were confused by media reports about AIDS. Those who had received most of their AIDS education from agencies had slightly more accurate information and street youth with the most accurate knowledge about other STDs reported doctors, agencies, print material or school as a main source of information.

Street youth knew more than the other groups surveyed about STDs. In contrast to the other groups, street youth knew as much overall about other STDs as they did about AIDS. STDs are a more obvious reality in the life of street youth as will be seen in Chapter VI; many had had or knew someone who had had a STD. Their sources of information about other STDs were mainly school, friends and print material. Many believed that what they had been taught in school had not prepared them to deal with or protect themselves from the medical problem. Although street youth knew more about other STDs than those not on the street, their knowledge is not adequate. They require additional explicit information about sexually transmitted diseases and about how to avoid contracting them.

Native street youth, especially, require more information about sexually transmitted diseases; they were less knowledgeable than others surveyed about both AIDS and other STDs.

Most street youth preferred to consult health-care professionals for information about AIDS, other STDs and other issues related to sexuality. Eighty-five percent of them would seek help from a doctor/nurse or go to a clinic or hospital. One fifth of them would prefer to obtain their information from a social service agency. Least preferred sources of information about these issues were friends, other street people and their mothers - confidentiality and accuracy were their main concerns about relying on these sources.

The need for street youth to obtain explicit, accurate information from sources they trust is reinforced by these findings.

V Attitudes

A. Introduction

Attitudes can predispose people to behave in certain ways. It is important for social service workers, educators and health-care professionals to consider attitudes when trying to alter the risk-taking behaviours of street youth. Also, the attitudes held by street youth toward AIDS-related issues, and their behaviour which is the theme of the next chapter, show how they have interpreted and are applying the information they have received. In this chapter we discuss the attitudes of street youth toward AIDS, people with AIDS and homosexuality which is frequently associated with AIDS.

AIDS has forced a public discussion of issues many people have long considered to be private. Canadians have become increasingly concerned about AIDS over the past eight years and the popular media – television, newspapers and magazines – have begun to discuss very frankly sexual behaviours and homosexuality. Advertising about the use of condoms has gained some respectability and many view it as an appropriate corporate response to this national health crisis. Public school teachers, not previously allowed to be explicit about sexuality in the classroom, are now encouraged to discuss sexuality frankly and openly. More public attention is now being directed toward street youth whose behaviour makes them vulnerable to HIV infection, and social service agencies are implementing strategies to educate and inform their young clients about AIDS and other STDs.

A few street youth hold fatalistic views about AIDS

It makes me scared sometimes thinking I might catch a disease. If I get it, I get it – got to die sometime ... . The reason I think that is because I don't know a lot about it. If I did I'd probably be really scared.
Female, 19-year-old, Homeless.

Nature's doing the housecleaning. I think all the diseases are meant to keep control on things. [It's] just a natural thing and we're not going to be able to stop it until it's ready to stop.
Male, 18-year-old, Homeless.

It's a killin' disease, it's gonna wipe the world out.
Male, 17-year-old, Unemployed.

In [the book of] Romans it says AIDS is a curse from God because of sins.
Female, 18-year-old, Unemployed.

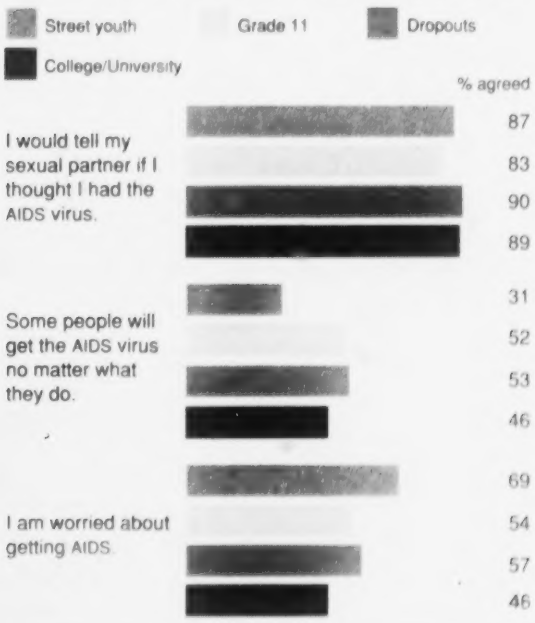
It'll probably kill a lot of people, but it's just the way life is – it's just the life cycle. What would happen if 80 percent of the population got wiped out? The air would clear up, the streams would get clean, the animals would come back. As far as the human cost, it's a human story – it would be terrible – it's the cycle of life.
Male, 18-year-old, Homeless.

Changes in adolescent sexual activity

It is noteworthy that the sexual revolution of the past twenty years has clearly impacted on the age at which Canadians first have sexual intercourse. Only 15% of the Canadian public 65 years of age or older declare that they had intercourse when they were less than 18 years old. Fully 70% of Canadians in the 18-24 year age bracket declare that they had intercourse when they were less than 18 years old.
Gallup Canada, Inc., 1988.

Even after being exposed to valid information via the media, adolescents typically do not change their behaviour ... . Of the teens who do change their behaviour only one in five alter it in effective ways (Strunin and Hingson, 1987).
J.A. Flora and C.E. Thoresen, 1988, p. 965.

Figure 5.1
Attitudes toward AIDS, four responding groups



Although programs have been implemented to encourage people to avoid sexual practices that can spread sexually transmitted diseases, especially HIV, the *Canada Youth and AIDS Study* found little evidence indicating that substantial changes in attitudes and sexual practices are occurring. In fact some empirical studies suggest attitudes and sexual practices are not changing, and the gap between desirable and actual attitudes and behaviours remains too wide to prevent the spread of HIV infection.

In the sections to follow, we examine street youth's AIDS-related attitudes and compare their responses to questions about how AIDS has affected them with those of school youth and dropouts. This is followed in Chapter VI by a presentation of their risk-taking practices to enable readers to see the relationship between the attitudes street youth hold and their actual behaviours.

B. Fears about AIDS

Three items were designed to determine respondents' (1) concern about AIDS, (2) their willingness to tell a partner if they had the AIDS virus, and (3) their feelings of powerlessness to avoid contracting HIV. Figure 5.1 presents the responses of the four groups to these three items.

Most street youth – a proportion similar to that of other groups surveyed – said they would tell their sexual partners if they thought they had the AIDS virus. Perhaps as expected, given the circumstances of their sexual relationships, slightly fewer of the prostitutes than of the other types of street youth would tell their sexual partners (Figure 5.2).

The comments from street youth that introduce this chapter reveal that some of these young people believe they cannot protect themselves from contracting HIV and developing AIDS. The street youth generally, however, were less fatalistic than we anticipated. In fact they were more likely than other youth to believe that people can avoid contracting the disease.

Figure 5.2
I would tell my sexual partner if I thought I had the AIDS virus, street youth by type

Some street youth would inform a sexual partner if they thought they had the AIDS virus/some would not

I wouldn't have sex with them [partners] if I thought I had the AIDS virus.
Male, 19-year-old, Homeless.

If I had it nobody would know. If a girl wants to have sex with me and suffer the consequences – fine.
Male, 17-year-old, Youthful offender.

I wouldn't be having sex with him if I did [think I had the AIDS virus].
Female, 16-year-old, Homeless.

I wouldn't even have sex.
Male, 17-year-old, Drug abuser.

He [friend who has AIDS] lies a lot. [He] bullshits when he's trying to pick up guys. I think [he still has sex]. I just don't think he cares.
Female, 18-year-old, Unemployed.

[I would tell my partner if I thought I had the AIDS virus but] not right off the bat – I'd wait until it was confirmed.
Male, 19-year-old, Homeless.

Figure 5.3
I am worried about getting AIDS, street youth by type and gender

Over two thirds of the street youth were worried about getting AIDS compared to approximately half of the dropouts and Grade 11 students and just under half of the college/university students (see Figure 5.1). Generally, more of the female prostitutes and female drug abusers said they worried about getting AIDS (Figure 5.3), and a very high proportion of Native respondents (87%) compared to non-Natives (67%) were anxious about getting AIDS.

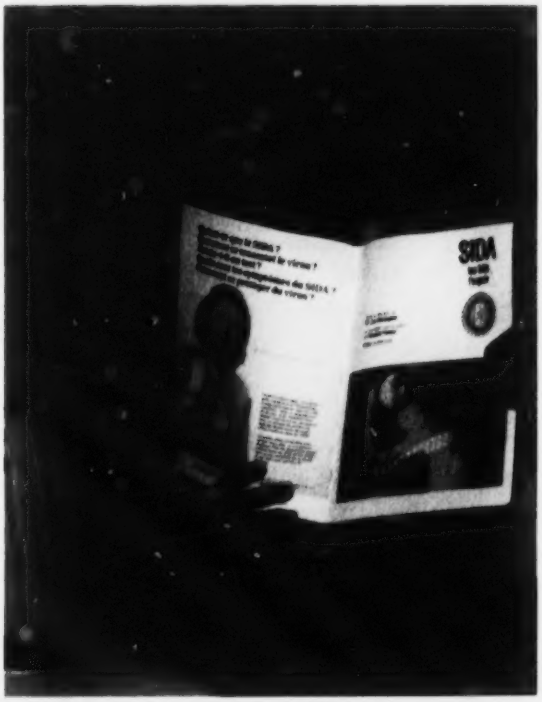
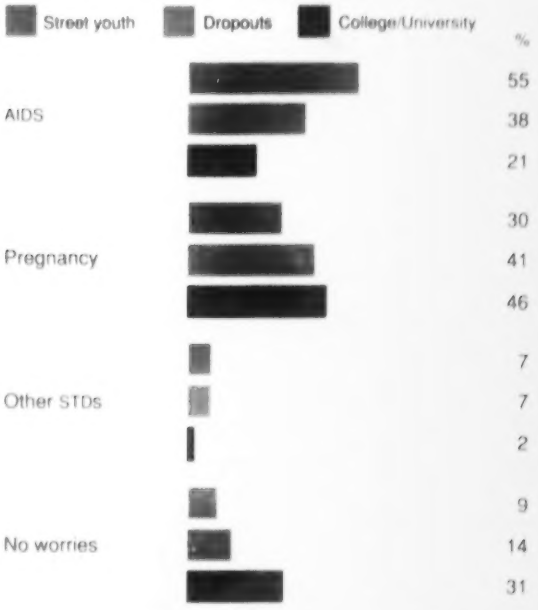


Photo by J.P. Lemay

Figure 5.4 shows that a greater proportion of street youth than of dropouts or college/university students worried most about contracting HIV as a possible consequence of having sexual intercourse. Street youth seemed to be aware that their lives are full of risks: many often find themselves in the company of prostitutes, intravenous drug users and others who do not consistently use protection to prevent contracting or transmitting disease.

Figure 5.4
Greatest worry about having sexual intercourse, street youth, dropouts and college/university respondents



Some are aware of the dangers

[For] one night stands [I] didn't feel it [using a condom] was really necessary, although it's naive to say I wasn't at risk – I knew I was.
Male, 19-year-old, Homeless.

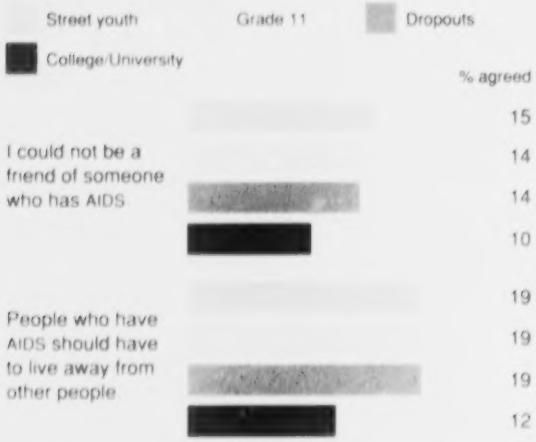
I feel that the girls I do have sex with are clean enough. Maybe one of these days I will get it [AIDS]. If I do I'm not really worried. I'm not afraid of dying.
Male, 16-year-old, Youthful offender.

I don't give blood or anything like that. [I] don't shoot up. Sometimes I use a condom, [but] if I don't have one on me I'll think ... [I have] a one in ten chance of getting it [AIDS], [then I] go ahead.
Male, 18-year-old, Unemployed.

I go every three months or so [to be tested], because I'm scared of my ex [boyfriend] being gay.
Female, 18-year-old, Homeless.

AIDS sucks ... I don't think people really deserve AIDS. It really doesn't bother me 'cause usually I know who I'm screwing – I'm not like most guys who screw anything that moves. If someone the person knows gets AIDS people would change – they'd say holy smoke, I'd better re-evaluate my sex life. It's too bad because I like all my friends, but having a friend die of AIDS would teach a lot of people a lesson.
Male, 17-year-old, Youthful offender.

Figure 5.5
Attitude toward people with AIDS, four responding groups



... people with AIDS should have other people around them

I think it's a deadly disease but just because someone has it doesn't mean you can't be around them. Just because they've got AIDS doesn't mean their personality has changed or the way they feel about you.
Male, 18-year-old, Unemployed.

I think people with AIDS should have other people around them. It's hard for someone to have a disease and have no one around her. My mom had cancer and a lot of her friends deserted her because they couldn't stand to see her die and it really hurt her. There's people in the middle income area who can't afford to take care of their loved ones. I figure if a person wants to die at home they should be supported more.
Female, 18-year-old, Unemployed.

I don't really think that AIDS victims should be put away unless they're trying to give it to other people deliberately because they feel they've been cheated. Some people find out they have it and they feel it's not right [that] they have it and other people shouldn't. They feel they've been cheated out of life so they try to cheat other people. I don't feel it's right to lock someone up just because they're different.
Male, 16-year-old, Unemployed.

[When my friend died of AIDS it] really didn't bother me, we felt sorry for him. His family disowned him. When they found out he was gay they wouldn't have nothing to do with him, and when they found out he had AIDS, forget it.
Female, 18-year-old, Unemployed.

I hope I never get it. I think people deal with people who have it too harshly, like the people in school who have it, they can't spread it by touch. I know if I had it I wouldn't want people treatin' me different.
Male, 16-year-old, Youthful offender.

C. Attitudes toward people with AIDS

AIDS and HIV infection have forced Canadians to confront not only a fatal epidemic but also an ethical dilemma. The care and treatment of people with AIDS and HIV infection is fraught with controversy because of the complexities of balancing the rights of the individual with the health of the public.

The social, ethical and legal implications of isolating people with AIDS, mandatory testing for the HIV antibody and other means of protecting the public from the spread of this incurable and fatal disease are being debated at all levels of society. In the midst of this complex crisis, what are the feelings and beliefs of street youth, and how do they compare with those of other young Canadians?

All four groups were asked to respond to two statements about their attitude toward people with AIDS (Figure 5.5). Fifteen percent of street youth stated they could not be a friend to someone who has AIDS, but most said AIDS would not change their feelings toward a friend. A similar proportion of Grade 11s and dropouts agreed that they would remain friends with someone who had AIDS, but slightly fewer post-secondary students

Figure 5.6
People who have AIDS should have to live away from other people, street youth by type

agreed. Youthful offenders are the group of street youth most likely to say they could not be a friend of someone with AIDS (25%), compared to 16 percent of unemployed youth, 13 percent of drug abusers and 12 and 9 percent of homeless youth and young prostitutes respectively. Similar to the dropout and Grade 11 youth, approximately one fifth of street youth believed in isolating people who have AIDS. Again, a lower proportion of the college/university group agreed with this statement.

Youthful offenders were the group least tolerant of people with AIDS; one third of them indicated that people with AIDS should be isolated (Figure 5.6). Many more male than female street youth (25% to 11%) were similarly intolerant of persons with AIDS.

Just give them their own island ...

I think that it [AIDS] should be made more of an issue. The government should take more control - a few human rights may suffer. For the benefit of society people should have less rights when it comes to AIDS, that is, testing people with AIDS. People with AIDS should be watched that they're not being irresponsible.
Female, 19-year-old, Unemployed.

I think what they should do with people with AIDS is to bring them to an island where they can have sex with each other. It's not right [that] the people with AIDS give it to others who don't [have it]. If people are sexually active they should get checked out before having a new partner. It's good advice even though it's funny.
Female, 17-year-old, Unemployed.

It's scary. My friends and I share pretty well the same value - that people with AIDS should be separated. I feel that if you rounded up everybody with AIDS and separated them it would stop the spreading. Just give them their own island or something and give them everything they need on it to live.
Male, 16-year-old, Homeless.

I think people with AIDS should live in one location - their own community. That teacher that had AIDS - they won't let him back in school 'cause they think he might give some of the kids AIDS. If they had their own community he could be a tutor for kids with AIDS. They might feel like they're being caged in or trapped but it might not be forever, because one of these years they'll find a cure.
Male, 17-year-old, Unemployed.

Attitudes toward homosexuality expressed

All of us should get together and beat the f— out of fags – blow them up so they won't be around anymore.
Male, 17-year-old, Youthful offender.

I think people are very narrowminded if they blame it all on homosexuals – my boyfriend's bisexual.
Female, 15-year-old, Drug abuser.

I think that faggots should be shot because they're killing us. It's not just them – junkies and hookers are too. They're not doing us no good so kill or be killed.
Male, 17-year-old, Youthful offender.

... actually when I think about homosexuality it's just not right. Like do you see male animals screwing male animals?
Male, 17-year-old, Drug abuser.

... I wouldn't treat them [persons with AIDS] any different. Granted if they were gay I wouldn't want them around me – I can't help it. I can understand people are gay, but I don't want them around me ... .
Female, 19-year-old, Unemployed.

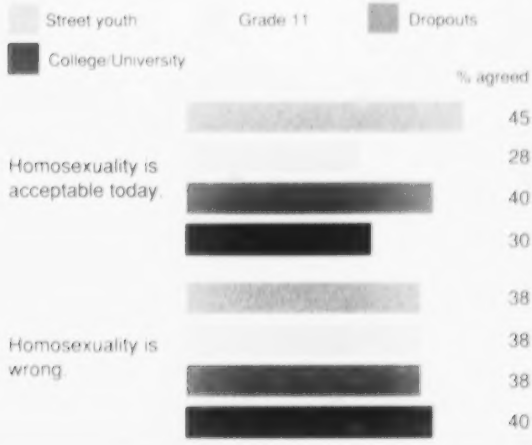
Photo by B. Clark

D. Attitudes toward homosexuality

In the *Canada Youth and AIDS Study* we found that fear of and antagonism toward homosexuals had been heightened as a result of the AIDS epidemic. There is no question that some people feel threatened by the presence of homosexuals, a fear in part based on a lack of knowledge about homosexuality. Some erroneously believe one can be manipulated or forced into adopting a homosexual orientation. Since the early 1980s many have used the threat of contracting HIV as their reason for avoiding contact with homosexuals. Generalized anxiety about the unknown explains many peoples' motives for homophobia.

A number of items about homosexuality were developed for the *Canada Youth and AIDS Study* to determine the degree to which youth are tolerant of homosexuals and link homosexuality with AIDS. The two items used in the street youth interviews were concerned with the acceptability of homosexuality from a societal and from a personal perspective. Figure 5.7 presents the percentages of street youth, school youth and dropouts who agreed with the items "Homosexuality is acceptable today" and "Homosexuality is wrong". Close to one half of the street youth expressed the belief that society generally accepts homosexuality while about two fifths agreed that "Homosexuality is wrong". The same proportions of school youth and dropouts had intolerant personal views, but smaller proportions of these groups believed that society accepts homosexuality.

Figure 5.7
Attitude toward homosexuality, four responding groups



The females in all groups surveyed were more tolerant of homosexuality than the males.

Despite the denial of 54 percent of the street youth that homosexuality is wrong (8% were uncertain about the statement), street youth still must rationalize the high incidence of HIV infection among homosexuals. Many make a practice of excluding homosexuals from their peer group, a practice that some explained was a strategy for protecting themselves against AIDS. This point is developed more fully in Chapter VI.

There were some interesting differences among the various categories of street youth in their views on homosexuals (Figure 5.8). Prostitutes more than any other group believed society is more accepting of homosexuality today and a majority of them did not condemn homosexuality. More of the youthful offenders held negative views; over half of them believed homosexuality is wrong and male youthful offenders were the most violent in their condemnation. Their comments reveal a very strong antagonism toward homosexuals.

In analyses conducted for the *Canada Youth and AIDS Study* we found many young people associate AIDS with homosexuals and their attitude toward people with AIDS was virtually the same as their attitude toward homosexuals. That is, those who did not tolerate one group also rejected the other. A comparison of street youth responses with those of school youth and dropouts to the items "Homosexuality is wrong" and "People who have AIDS should have to live away from other people" reveals a similarly strong relationship (Figure 5.9). Two thirds of those street youth who wished to segregate people with AIDS also condemned homosexuality.

Figure 5.8
Attitude toward homosexuality, street youth by type

Homosexuals are to blame

Gay men are obviously the ones who are transmitting these diseases and I think they should be contained.
Male, 17-year-old, Homeless.

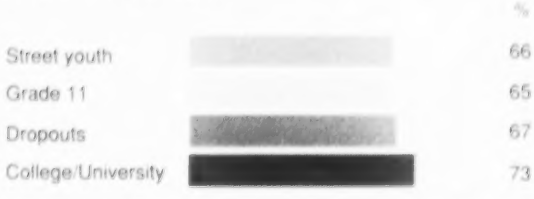
I don't think it's right though – like gay men who don't respect our human lives by protecting themselves. Like bisexuals should stick to one sex.
Female, 16-year-old, Unemployed.

Look who're spreading it [AIDS] – they have to be stopped. [We] have to isolate the gays or tell them to use protection.
Male, 17-year-old, Homeless.

I don't care about it. Attitude with my friends is that it's a faggots' disease [AIDS].
Male, 16-year-old, Homeless.

It's reality; they know before they turn gay they're going to get it [AIDS].
Male, 17-year-old, Homeless.

Figure 5.9
Proportion who agreed with "People who have AIDS should live away from others" who also agreed with "Homosexuality is wrong", four responding groups



E. Summary

Street youth were particularly conscious of AIDS and, more than any other group, saw themselves at risk. Nevertheless, more of them believed they can avoid contracting the disease. Hypothetically at least, over 85 percent of those questioned would inform their sexual partners if they thought they were HIV seropositive. It may be difficult to reach the more fatalistic among them - about one third of those surveyed believed that a person cannot escape contracting HIV.

Approximately one fifth of the street youth would treat people with AIDS in a negative way - they would ostricize them. Some street youth have been led by media and other available information about AIDS to associate AIDS with homosexuality. Most street youth were tolerant of homosexuals; however, as a means of protecting themselves from AIDS many excluded homosexuals from their social group and some felt compelled to attack violently those who openly express their homosexuality.

VI Risk behaviours

A. Introduction

Street youth are emotionally and physically vulnerable. By leaving home at a young age these adolescents subject themselves to considerable stress and emotional turmoil. Many of the strategies they use to cope with their lives are harmful to their health. In this chapter we direct our attention to the activities during which HIV and other STDs can be transmitted and contracted, specifically, dangerous sexual activities and behaviours related to the use of drugs. Also, we briefly examine the relationship between sexual activity and substance use. The prevalence of STDs in this group of adolescents is reported because STDs can be viewed as indicators of unprotected sexual activity and risk for HIV contraction and transmission. Finally, there is some discussion of what street youth know about and use as methods of protection from HIV and other STDs.

In this chapter the behaviours of street youth, college/university students and dropouts are compared to illustrate the ways in which street youth are at greater risk than other adolescents to contract HIV as well as other STDs.

Before discussing the extent to which street youth engage in specific risky behaviours we consider their sexual activity in more general terms.

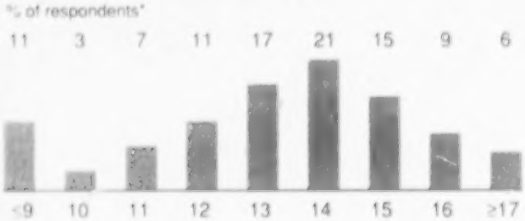
Street youth are vulnerable

Running away is a premature separation from home, is symptomatic of a family crisis that often can be abusive in nature, and is predictive of a troubled future with increased vulnerability to abuse for the runaway. (p. 18).

The runaway is a youth at risk of physical and emotional injury or even death and of sexual and other criminal exploitation. Additionally, he or she is denied the opportunity to live in a safe and stable environment. (p. 115).
M.D. Janus, A. McCormack, A.W. Burgess and C. Hartman, 1987, pp. 18, 115.

It is important to remember that children living on the street are isolated from their families and friends and from any kind of love and support. They are therefore quite susceptible to the influence of people on the street who are willing to offer them some form of acceptance and protection. The relationship between girls and their pimps/boyfriends is quite significant in this regard. Although some girls are physically coerced into becoming prostitutes by violence and threats, it would appear that others turn to prostitution out of some form of positive commitment to their pimps.
A. Pellatt, 1988, pp. 8,9.

Figure 6.1
Age of street youth at first sexual intercourse



* Excludes those who have never had sex (6%)

B. Sexual activity

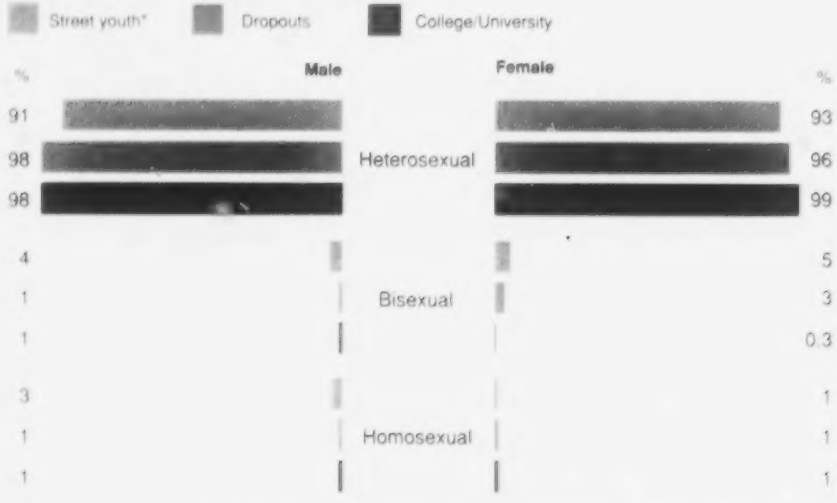
The majority of the street youth were sexually active; 94 percent had experienced sexual intercourse, many for the first time at a very young age (Figure 6.1). A smaller proportion of the college/university (67%) and dropout (87%) respondents confirmed that they had had sexual intercourse. Street youth who had had sexual intercourse had usually also engaged in oral sex (81%); similarly, many college/university (81%) and dropout

Photo by G. Clarke

(78%) respondents had taken part in oral sex activities although substantially fewer had done so "often" (street youth 43%; college/university 29%; dropouts 30%).

Most street youth and their more conservative same-age peers stated that they were heterosexual (Figure 6.2). However, a slightly higher proportion of the street youth claimed to be homosexual or bisexual and, in addition, a number of these youth (16%) reported having had a same-sex partner.

Figure 6.2
Sexual orientation – street youth, dropouts and college/university respondents by gender



* 1% of street youth were uncertain about their sexual orientation

Figure 6.3
Reasons for first engaging in sexual intercourse – street youth, dropouts and college/university respondents

* The college/university questionnaire did not include this choice in the response key

Reasons for first engaging in sexual intercourse were similar for street youth and the other young people. Forty-eight percent of street youth reported having first engaged in sexual intercourse because of "curiosity" or "love"; most males had been curious (40%); girls were more inclined to have become sexually active because of "love for the person" (24%). However, a comparatively high proportion of street youth, and one quarter of the females, said rape had been their first experience of sexual intercourse (Figure 6.3).

As seen in Figure 6.1, 70 percent of the sexually active street youth had first had sexual intercourse before the age of 15 and one third of them were likely prepubescent at the time of that first sexual experience. Three quarters of the sexually active Native street youth had engaged in sexual intercourse by the time they were 14. Further analyses of these data revealed that one half of the street youth introduced to sex before the age of ten said rape had been their first sexual experience. Of this group, significantly more girls reported having been raped (87%; boys 27%).

The perpetrators of these sexual assaults were typically male relatives or male friends of the family. Only ten percent of the young males reported having been sexually abused by a female. Interestingly, a small number of these boys were reluctant to call their early experience rape because "they had enjoyed it". They did admit, however, that at the time of the encounter they had been unaware of what was happening to them.

Street youth talk about early sexual experiences

I was caught [having sex] in my bedroom when I was nine years old, [the] girl was nine too. We were both out in space [on drugs]. I've been doing drugs for a long time. I was buying my own drugs in Grade 4. I really don't know what happened.
Male, 18-year-old, Unemployed.

[At] seven years I used to fool around [sexual play] with the boys. Did it [sexual intercourse] with a girl when I was 12, she was 17 – also with a man at 12. [I] started into prostitution when I was 12.
Male, 16-year-old, Prostitute.

My grandfather molested me [starting when she was ten years old]. But when I went to the doctor they couldn't decide if penetration had occurred. He raped and molested my mom when she was 16. He got three months and psychiatric help.
Female, 17-year-old, Prostitute.

It was a relative [who raped him when he was 11]; an aunt. I can't remember that good, but it seemed like I wanted to do it when I was younger. I was forced into doing stuff like that, but it was never real sex, oral sex and stuff like that.
Male, 17-year-old, Unemployed.

[I was] raped by my adoptive father [a minister] when I was 12.
Female, 17-year-old, Prostitute.

When I was seven I was raped by a male stranger. I was forced to have oral sex by two men on one occasion.
Male, 17-year-old, Drug abuser.

I was forced by my brother to have sex with a [male] friend when I was eight. I was raped at 17 by a man who I did odd jobs for. He got me to come out by calling a drop-in for homeless people saying he needed help around the house.
Male, 18-year-old, Homeless.

I was raped by an old man [when I was] in grade 5, two teenagers [when I was] in grade 6 and an asshole [when I was] in grade 11. I got tested for everything [STDs] because I was raped by a pimp.
Female, 17-year-old, Homeless.

When I was five I was raped by a female babysitter who was a friend of my mother's. Now I choose my partners. I'm not as liberal. I don't want sex right now because I'm dealing with being raped as a child many times.
Male, 17-year-old, Homeless.

[I was raped by] my stepmother's brother a couple of times. [I told] just my sister, but she was too scared to tell anybody – just like I was scared, but she got raped by him too.
Female, 18-year-old, Prostitute.

I first had sex at age six with an 18-year-old female babysitter.
Male, 16-year-old, Youthful offender.

Effects of early sexual intercourse

Because childhood sexual experience falls outside the conjugal norms of acceptable sexual behaviour it is presumed to cause pathological outcomes in the individual and to lead to future aberrant sexual behaviour.
F. Mathews, 1987, p. 5-6.

In adulthood, individuals sexually abused as children often show low self-esteem, guilt, depression, difficulty in trusting others, promiscuity or lack of interest in sex, loneliness, inability to establish relationships with others, drug and alcohol abuse, a tendency to sexually abuse children, and a tendency toward prostitution.
N. Denney and D. Quadagno, 1988, p. 525.

Perhaps because they are starting to have sexual intercourse at a younger age, adolescents frequently have a greater number of sexual relationships than adults.
T.J. Hernandez, 1987, p. 128.

Young people can suffer detrimental psychological effects when having been exposed prematurely to sexual relations; for some there may be a direct link between the early introduction of sexual activity and subsequent involvement in prostitution and substance abuse. In our study, more of the prostitutes (23%)) than the other types of street youth had experienced intercourse by nine years of age. Those young people classified as drug abusers (16%) were the next most likely, after prostitutes, to have engaged in sexual intercourse at a young age.

C. Risk-related sexual behaviours

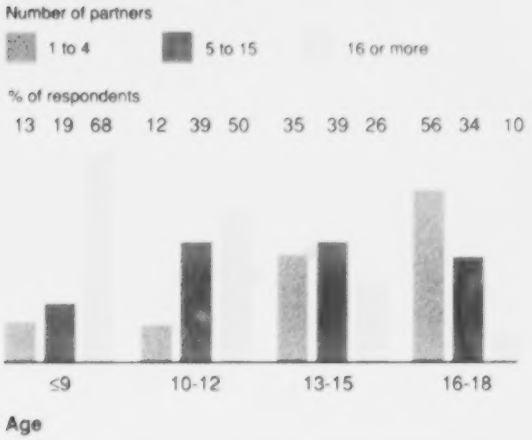
Those who have sexual relations with multiple partners and those who practise anal intercourse place themselves at high risk to contract and transmit HIV. These activities are most dangerous when engaged in without protection. It is also during unprotected sexual relations that other sexually transmitted diseases are contracted and spread.

1. Multiple sexual partners

Of the sexually active street youth most had had many sexual partners; two thirds of them had had five or more by the time of the interview. Males tended to have had slightly more partners than females. Prostitutes reported having had an average of 250 partners. By comparison, only 17 percent of college/university and one half of the dropout respondents had had five or more sexual partners in their lifetime.

Photo by J.P. Beauregard

Figure 6.4
Age at first sexual intercourse, street youth by number of sexual partners



Sexual orientation

I've thought about being gay; having sex with other girls. Everybody down here practically is bisexual, it's like trendy for guys to be gay.
Female, 17-year-old, Homeless.

It's trendy here to sleep around.
Female, 18-year-old, Homeless.

I think that everyone has a bisexual tendency at some time whether they admit it or not. I was in love with a guy once. We hugged and we were in love.
Male, 20-year-old, Homeless.

I'm more straight than bisexual. I sway only if I'm desperate for cash.
Male, 19-year-old, Prostitute.

Sometimes I wonder. I think about doing it the other way and wonder what's to it. I have a lot of gay and bisexual friends on the street.
Male, 17-year-old, Homeless.

A few times I thought I was gay, but I'm not. I hate it - it's sickening.
Male, 17-year-old, Prostitute.

[Another girl and I had a] very close friendship - maybe kissing. At one time I was gay.
Female, 19-year-old, Homeless.

[I'm] straight probably. I'm not sure yet. I haven't found out yet. I'm a virgin basically. I'm attracted to girls.
Male, 17-year-old, Homeless.

Figure 6.4 indicates that among the street youth, those who had had many sexual partners were likely to be those who had had sexual intercourse at a very young age. The percentage of those who had had 16 or more sexual partners decreases steadily as age at first sexual intercourse increases. As previously mentioned prostitutes and drug abusers most commonly reported early sexual intercourse; these two groups were also the most sexually promiscuous groups.

Sixty-six percent of those few youth whose sexual orientation was either homosexual or bisexual, compared to 28 percent of the heterosexual youth, reported having had 16 or more sexual partners.

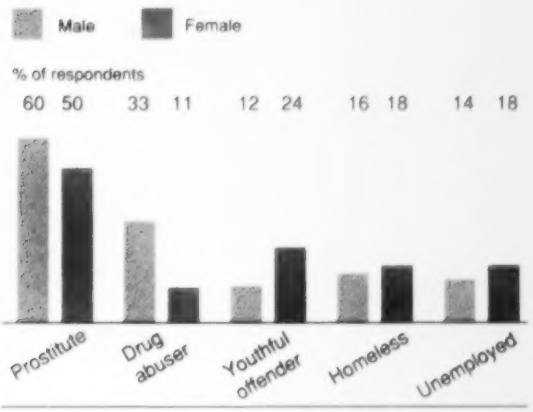
The stated sexual orientation of street youth did not necessarily reflect the gender of all their partners. As previously mentioned, sixteen percent of the adolescents had taken part in sexual activities with a same-sex partner even though only 7 percent stated they were either homosexual or bisexual. Typically, heterosexual youth took part in sexual relations with someone of the same gender because they needed money or because they considered bisexual relations acceptable or fashionable. Not surprisingly, the vast majority of male prostitutes (88%), as well as some female prostitutes (34%), had had a same-sex partner. While some male prostitutes served female clients, female prostitutes rarely served female clients.

2. *Anal intercourse*

Twenty-one percent of the street youth, and slightly more of the females than the males, had had anal intercourse at least once in comparison to 11 percent of the post-secondary students and 17 percent of the dropouts. More of the male street youth (6%) than the females (2%) reported having done so "often". As might be expected, prostitutes more than the other types of street youth had engaged in anal intercourse (Figure 6.5).

Of those males who had had a same-sex partner (19%), over one half had engaged in anal sex while only 14 percent of those males who had not had a same-sex partner reported having taken part in anal intercourse. This suggests that, male street youth are more likely to practise anal intercourse with another male than with a female.

Figure 6.5
Had experienced anal intercourse, street youth by type



Anal sex

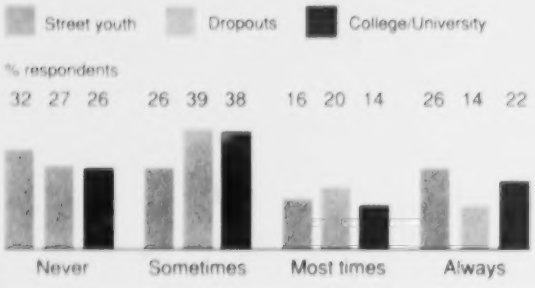
[There have been] two men I've had anal sex with and between the two of them we've done it about two dozen times. Only used a condom once or twice. Just didn't seem appropriate, it was like sex, we didn't care or anything.
Male, 18-year-old, Drug abuser.

I've had anal sex about three or four times, but I'll never do it again.
Female, 16-year-old, Unemployed.

[I've had] anal sex a few times but only because [my] boyfriend enjoys it, I don't.
Female, 16-year-old, Unemployed.

[I've had] anal sex, not with [my] partner/lover, but once with a trick who paid me $100.
Female, 16-year-old, prostitute.

Figure 6.6
Frequency of condom use – street youth, dropouts and college/university respondents



Incentives not to use protection

When I first started off I wasn't [using condoms], but I was told to [by street friends]. At first I did it without a condom because you can make more money that way. Some street workers [prostitutes] do it without condoms to make more money.
Male, 17-year-old, Prostitute.

Tricks don't like it.
Male, 14-year-old, Prostitute.

[I] use double condoms. This one guy didn't want to wear one, but I said I'm not gonna get AIDS for $100, and when I put two on ... well ... .
Female, 19-year-old, Prostitute.

3. Unprotected sexual activity

Thirty-two percent of the street youth in the study never used condoms when engaging in sexual intercourse (Figure 6.6). When we excluded the responses of prostitutes on this item the proportion who used condoms "most of the time" or "always" dropped from 42 percent to 36 percent. Two facts became clear during the research: street youth tend not to use condoms when they are with people they know and young prostitutes are sometimes persuaded by offers of more money to forego the use of condoms with clients. Further details about condom use are given in section F, Protection methods.

In the next section we discuss the spread of other sexually transmitted diseases among street youth. The incidence of other STDs reported by these youth reflects their generally inconsistent use of condoms.

D. Other sexually transmitted diseases

The contraction of a sexually transmitted disease may have serious ramifications for individuals who become infected; along with the more immediate detrimental effect on their health, their future reproductive lives may be jeopardized if they are not properly treated. For youth living on the street, the spread of STDs could become a major health threat because they may not have access to or seek out medical assistance. Also, the possible link between STDs and HIV transmission is further cause for concern. It is believed that the open sores associated with certain STDs, such as genital herpes, result in a greater likelihood of HIV infection.

Regardless of these serious implications, very few of the street youth (7%) said their first concern about having sexual intercourse was the possibility of getting a sexually transmitted disease, whereas more than one half of them worried about contracting HIV and developing AIDS. Their lack of concern about other STDs is not a reflection of the fact that they are "not threatened by" such diseases. Approximately one half of them had previously undergone testing for a STD and slightly more than one fifth of those who were sexually active reported that they had already contracted one; five percent had contracted more than one STD (Figure 6.7).

Linking AIDS with other STDs

Recent studies have been providing more and more evidence in support of the conclusion that genital ulcer disease increases one's chances of contracting (and perhaps transmitting) HIV. Many of those who have examined the association between other STDs and HIV believe that the open sores caused by viruses such as herpes simplex virus type Z (HSV-Z) and syphilis provide easier access for HIV to infect one's system following sexual contact.

Department of Public Health, City of Toronto, September 23, 1988.

Figure 6.7
Had a STD – street youth, dropouts and college/university respondents

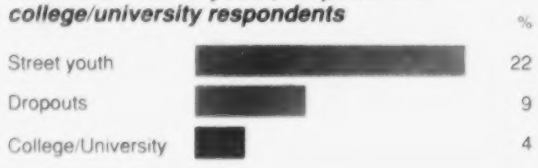
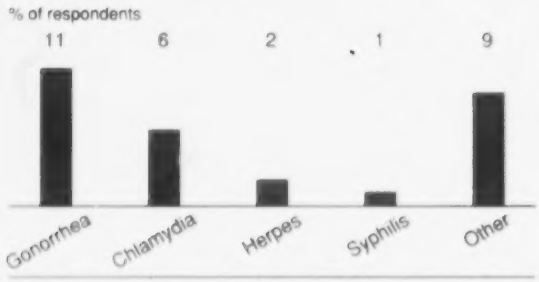


Figure 6.8
STDs contracted, street youth



Some do not protect themselves against STDs

I don't think about STDs.
Female, 16-year-old, Youthful offender.

Most of the time it's girls want me to use a condom but if I can I don't use it - I don't think too much about getting a dose. Maybe I should but when I get horny I just want to go.
Male, 15-year-old, Youthful offender.

I wouldn't care if I got one [an STD].
Male, 18-year-old, Drug abuser.

If I say something to him he'll think I think he's dirty.
Female, 17-year-old, Homeless.

The guy is the one who decides to use a condom - I never ask them to.
Female, 17-year-old, Homeless.

I don't really think about them [STDs.] I guess nobody I know would have them.
Female, 19-year-old, Homeless.

No, [I don't use any protection]. What can you do about it [STDs]!
Male, 19-year-old, Homeless.

If I get it [STD] I get it, that's how I see it. I don't believe in condoms. If you're going to make love to your boyfriend it's really stupid to have a condom. I just wouldn't want the guy to use a condom.
Female, 19-year-old, Homeless.

[I] don't worry about diseases or anything when I'm having sex. [I use] condoms sometimes with some tricks.
Female, 15-year-old, Prostitute.

I've been on the pill for a few years so I don't worry about getting pregnant and I won't get a disease 'cause I've only been with these two guys.
Female, 18-year-old, Homeless.

I'm not really worried, I trusted them [partners].
Female, 16-year-old, Homeless.

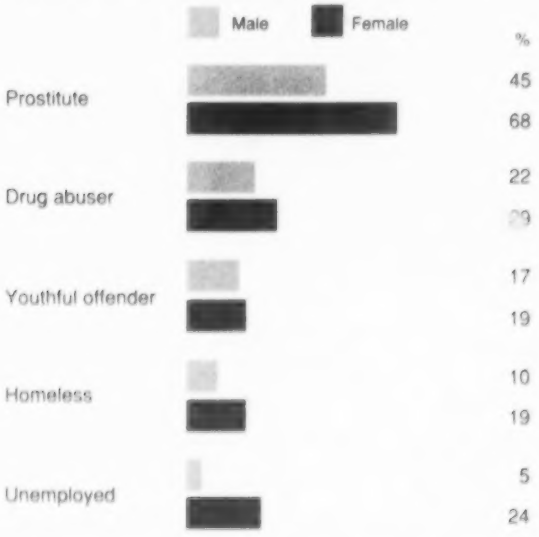
Fewer Native street youth reported having had a STD (13%) and they were also less likely to have gone for STD testing (39% compared to 49% non-Native youth). Only a few of the Native respondents said their greatest worry about having sexual intercourse was the likelihood of catching a STD.

Gonorrhea and chlamydia were the most prevalent infections among the street youth (Figure 6.8). Other STDs reported by them included trichomoniasis, pelvic inflammatory disease and yeast infection. More females (30%) than males (16%) had contracted a STD; gonorrhea being the most common type of infection for males and chlamydia and gonorrhea for females (Table 6.1).

Table 6.1
STDs contracted, street youth by gender

	% of respondents		
	Male	Female	Total
Chlamydia	2	12	6
Herpes	2	2	2
Gonorrhea	8	15	11
Syphilis	1	1	1
Other	6	11	9

Figure 6.9
Had a STD, street youth by type and gender



Sexually transmitted diseases were far more likely to be reported by prostitutes (58%) than by street youth in the other categories. Significantly more female than male prostitutes reported that they had contracted a STD (Figure 6.9). After prostitutes, street youth categorized as drug abusers most frequently reported having had a STD.

Not surprisingly, we found the more sexually active youth had been the greater the likelihood that they had contracted a STD. For example, those young people who had had a STD diagnosed had engaged more frequently in anal sex (49%; no STD 15%) as well as oral sex (95%; no STD 77%). As well, almost one half of the homosexual or bisexual youth, who typically had had multiple sexual partners, had contracted a STD whereas only 20 percent of the heterosexual young people reported having had a sexually transmitted disease.

Having a STD

I feel pretty cheap because of having herpes. The way I live is shifty because of the drugs and alcohol.
Male, 18-year-old, Unemployed.

Unfortunately, the one time I chose not to do it [use protection] I got gonorrhea. [I] have it right now. I learned my lesson.
Female, 14-year-old, Drug abuser.

... from now on I'll use condoms

[I think] that [getting pelvic inflammatory disease] was scary because if I can get that, I can get anything – makes you think about AIDS.
Female, 18-year-old, Drug abuser.

I caught something really severe once and since then I've been very careful.
Female, 17-year-old, Unemployed.

From now on [I'll use] condoms. I just recently had gonorrhea.
Male, 18-year-old, Unemployed.

Now I worry because I've had something [a STD]. Scary, when you don't know what it is.
Male, 18-year-old, Drug abuser.

Sometimes I worry. I went out with a pimp who gave me stuff [STDs]. I didn't worry about it – I had too many other problems.
Female, 17-year-old, Homeless.

E. Substance abuse

The sharing of contaminated drug needles among injection drug users (IDUs) is a high-risk behaviour associated with the spread of the human immunodeficiency virus. A syringe and/or needle containing infected blood residues, used by another individual can be the source of blood-borne infections such as hepatitis B virus and HIV. Some epidemiologists have further recognized that many HIV carriers have a background of drug abuse and have concluded that heavy drug use suppresses the immune system and decreases its ability to cope with the AIDS virus (Siegel, 1986). In addition, substance use encourages some youth to take other risks that jeopardize their health. Certainly, drug use influences the judgement of young people and makes them more likely to engage in unplanned and unprotected sexual relations (DiClemente and Forrest, 1987).

1. Sharing injection drug needles

Twelve percent of the street adolescents, slightly more males, admitted that they had used intravenous drugs although not necessarily on a regular basis. They had injected talwin and ritalin (Ts and Rs), speed, cocaine and heroin. Talwin and ritalin were most popular on the city streets of western provinces where it was easily accessible and relatively inexpensive. Nearly one half of the IDUs had placed themselves in jeopardy by sharing their needles with others. Young people who had dropped out of school had also used intravenous drugs but to a lesser extent (5%); one third of this group had shared syringes.

Intravenous drug use

Parenteral transmission is the means of infection with HIV in this group and is related to the sharing of needles, syringes and other paraphernalia which has been contaminated by the infected blood of another user. Other factors relevant to the transmission of HIV within this group are the existence of "shooting galleries" which promote the sharing of equipment, various sociocultural problems which may interfere with adoption of risk-reduction behaviours, and the degree of access to sterile, disposable equipment.
R.A. Coates and J.K. Johnson, 1988, p. 18.

More of the prostitutes, than any other group, especially the females, had used intravenous drugs (Figure 6.10). One third of the prostitutes identified as IDUs (13% of the prostitutes sampled) admitted they shared needles; females in particular shared syringes, with both friends and clients (Figure 6.11). Also involved with intravenous drugs were male and female drug abusers and male youthful offenders. Over one half of the drug abusers who said they had used injection drug needles had also shared them. Only three Native youth had used intravenous drugs, however, all stated that they had shared syringes. Their behaviour did not result from a lack of knowledge because the majority (95%) of the Native youth, similar to other street youth, knew that HIV can be transmitted through needle sharing. They said they shared because they found it difficult to obtain syringes.

Figure 6.10
Intravenous drug use, street youth by type and gender

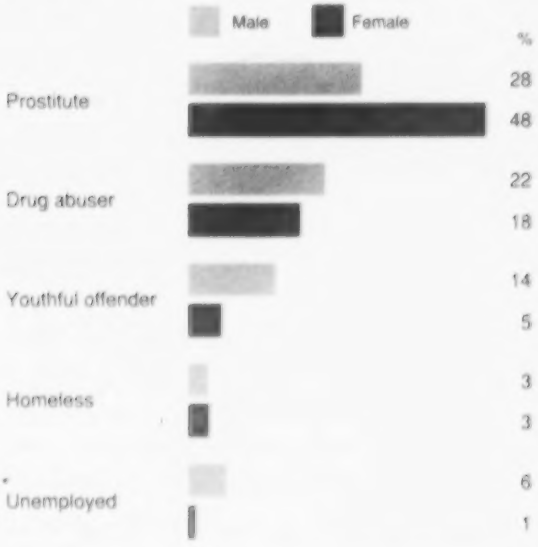


Figure 6.11
Sharing of intravenous drug needles, street youth by type and gender

Sharing needles

Yes, I share [needles] with friends. We don't have it [AIDS]. I don't share with anybody else - I've borrowed but cleaned it with alcohol first.
Male, 16-year-old, Drug abuser.

My sister did - shared - quicker to get high - don't have to reload.
Male, 17-year-old, Drug abuser.

Yes [we share needles] all the time - when we get drunk in a group or with a guy at work [one of her clients].
Female, 15-year-old, Prostitute.

I've known a lot of people in the skids [skid row] - most of them didn't share. The needle gets dull after using it a lot and they were hard to get down there so they keep them [needles] to themselves.
Female, 16-year-old, Homeless.

Ya! [shared needles] because there was only one. I was addicted to that stuff so I just wanted that stuff in me.
Female, 16-year-old, Prostitute.

There were times when I was already stoned when I wouldn't really think about it.
Male, 18-year-old, Drug abuser.

He [friend] shared, it's cheaper. Bought drug and needle together and shared it.
Male, 16-year-old, Drug abuser.

Ya, I seen it [sharing] at a party - they shared a needle and cleaned it only after all had done it.
Male, 17-year-old, Homeless.

When you need a needle, you need a needle.
Male, 16-year-old, Youthful offender.

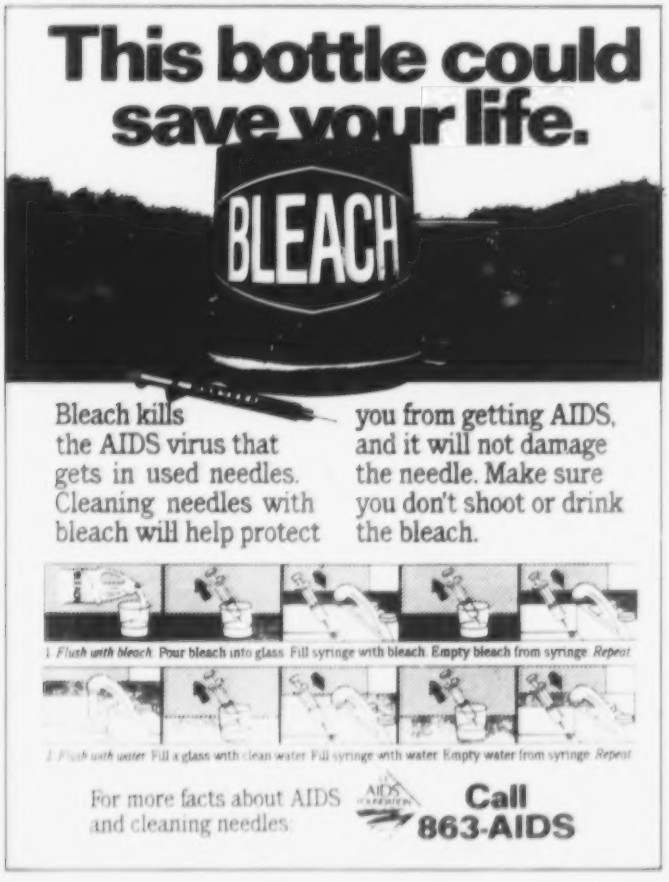
Friends share - maybe because they're married couples and they trust each other.
Male, 17-year-old, Prostitute.

My stepfather was heavily into Ts and Rs. He shared [needles] with his sister - I didn't care if he died. He's [stepfather] got a dead vein in his arm.
Male, 18-year-old, Unemployed.

Most of the youth who had shared drugs and needles did so with their boyfriends/girlfriends and other close friends. They told us that they were not afraid of getting AIDS by sharing with acquaintances and, therefore, they took fewer precautionary measures with them. Those who avoided sharing needles said they were all too aware of the possibility of contracting HIV or hepatitis.

Those concerned generally believe that altering the attitudes and behaviours of individuals who share intravenous needles is difficult. Syringes are not readily available and drug users like the spirit of camaraderie established during the act of sharing drugs from one needle; this spirit is described as part of the "shooting gallery" phenomenon. Some youth pointed out that needles are shared because the syringe holds enough for more than one person and, by sharing, users do not need to clean or refill the syringe and they in turn get the effect of the drug more quickly.

This study provides evidence that the education campaign to inform youth about the risk of sharing needles has influenced both their knowledge and their behaviour to some extent. Many described what they thought were effective methods of cleaning shared syringes: most spoke of sterilizing needles with bleach or alcohol, but a few still relied on inadequate methods of cleaning their needles - wiping them or rinsing them off with water.


This bottle could save your life.
BLEACH
Bleach kills the AIDS virus that gets in used needles. Cleaning needles with bleach will help protect you from getting AIDS, and it will not damage the needle. Make sure you don't shoot or drink the bleach.
1. Flush with bleach. Pour bleach into glass. Fill syringe with bleach. Empty bleach from syringe. Repeat
2. Flush with water. Fill a glass with clean water. Fill syringe with water. Empty water from syringe. Repeat
For more facts about AIDS and cleaning needles:
Call 863-AIDS

Cleaning syringes

[I] know people who still do it. If they can't get their hands on a needle in five minutes they need the shit fast. I tell them to boil it [the needle] in vinegar.
Male, 19-year-old, Prostitute.

[My] friends do [share needles]. [I] never saw them, but they shared. They shove [the] syringe in a pot of water and boil it. They'd free base in beer caps ... .
Male, 17-year-old, Homeless.

They [friends] share. They don't have clean ones, but they put it in bleach.
Female, 15-year-old, Prostitute.

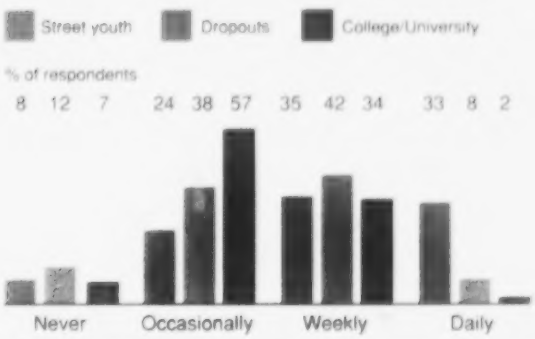
Yes, [I] clean 'em with alcohol.
Male, 17-year-old, Unemployed.

Yes, [we share needles] but we clean 'em with boiling water and alcohol.
Male, 19-year-old, Unemployed.

Clean your needles with bleach

One alternative strategy that has been followed where provision of needles has proved politically unacceptable has been to distribute household bleach together with instructions on cleaning equipment. As with needle exchange, the main advantage of this strategy may be to raise awareness of the danger of transmission by infected needles.
A.M. Johnson and M.W. Adler, 1987, p. 374.

Figure 6.12
Frequency of substance use* – street youth, dropouts and college/university respondents



* Alcohol and/or drug use

Drug use on the street

This sample of "problem" adolescents [an urban street population] shows very high drug and alcohol use. ... with an extremely high frequency of marijuana use, which was reported to be even more frequent than alcohol use ... . Alcohol and marijuana were integral to their social environment and personal lives.
D.J. McKirnan and T. Johnson, 1986, pp. 202-204.

... the runaways reported that they "help themselves" solve personal problems by ... taking drugs or alcohol.
A.R. Roberts, 1982, p. 23.

... runaways often sell drugs to support themselves while on the run ... . While some experimentation with substance use is expected by most contemporary adolescents, runaways appear to be at greater risk with few parental or societal sanctions or controls which might limit or inhibit such behavior.
R.L. Young, W. Godfrey, B. Matthews and G.R. Adams, 1983, p. 278.

2. Patterns of substance use

Three quarters of the youth said they were using drugs at the time of the interview; by comparison one third of the dropouts and 24 percent of the college/university respondents had used drugs. The majority in all three groups drank alcohol. The college/university group had the highest proportion of drinkers with 92 percent. Eighty-eight percent of street youth and 87 percent of the dropouts drank alcohol.

Two thirds of all street youth were using drugs and/or alcohol weekly or daily (Figure 6.12). Dropouts and college/university respondents similarly reported weekly alcohol or drug use; however, significantly more street youth were daily substance users. Only a small proportion of youth in all three groups completely abstained from the use of substances. Some of the street youth, who were not taking drugs at the time of the study were participating in drug/alcohol rehabilitation programs. Others were abstaining because they had agreed to abide by group home regulations not to use drugs.

The most popular drugs used by street youth were alcohol, marijuana or hashish, acid and cocaine (Table 6.2). Out of desperation some young people had resorted to more readily available substances like anti-histamines, Gravol, PAM cooking oil and Lysol.

Table 6.2
Frequency and type of substance use, street youth

	% of respondents						
Substance	Never	Special occasion	Once/ month	2–3/ month	Once/ week	2–3/ week	Daily
Acid	56	20	8	5	3	4	4
Alcohol	12	19	10	14	14	22	9
Cocaine	69	19	2	2	2	4	4
Heroin	96	3	–	–	–	–	–
Marijuana /hashish	29	12	5	6	8	18	24
Pain killers	86	6	1	3	1	2	2
Solvent sniffing	92	4	1	1	1	1	2
Speed	87	8	1	2	1	1	1
Valium	86	7	2	2	1	1	1

To determine whether the level of alcohol and drug use in the street youth population was related to other risk factors, we developed, with guidance from experts on substance abuse and youth, dependency categories.*

* We classified the alcohol consumption of each respondent as light, moderate or heavy according to how often and how much he/she drank. For example, a youth who drank five or more drinks two or three times a week was categorized a heavy alcohol user. Drug users were also classified as light, moderate or heavy users. Different criteria applied to each drug; for example, a youth classified in the heavy-drug-use category used a less addictive drug like marijuana daily, or a highly addictive drug such as cocaine once a week or more frequently. More information about these categories is available in the *Canada Youth and AIDS Technical Report*.

Taking drugs

I do welfare drugs [e.g., glue, listerine, PAM cooking spray]. Sometimes I don't like to do them, but I can't afford anything better.
Female, 14-year-old, Drug abuser.

[I'd shoot] anything. [For one day] half of the fix is 20 dollars and sometimes I get twice for 40 dollars; I drink listerine with water.
Female, 15-year-old, Prostitute.

When I get money I go on binges. When we [boyfriend and I] do I'll drink for a week - straight. When it runs out I won't drink for a month.
Female, 17-year-old, Prostitute.

I used to take prescription drugs all the time (valium, uppers, downers) from my doctor. They were too strong anyways, they helped me though. When my social worker found out they sent me to a different doctor and they took me off all of them.
Female, 14-year-old, Homeless.

[Talwin and Ritalin] I mix them together and boot them [sell them]. It's a cheap man's drug. I used to do them every 15 minutes.
Male, 18-year-old, Drug abuser.

I basically stick to organic. When I was on the streets I was a "cranker" [injection drug user], but I kicked that. I lost 70 pounds while cranking drugs. People think pot is so bad. I think everybody should smoke pot. There'd be a lot less war and a lot less hate.
Male, 20-year-old, Drug abuser.

Native youth talk about using drugs

Everyone bought drugs, not enough rigs [needles] - had to share.
Female, 16-year-old, Prostitute.

Didn't always share, but if there was not enough rigs [needles] we did. I knew about AIDS and it scared me, but not as much as not having a fix.
Female, 16-year-old, Prostitute.

[At the] reservation there's a lot of drugs and alcohol - I left.
Female, 17-year-old, Homeless.

Whenever I'd go drinking I'd fight - we'd go downtown and roll some faggots [homosexuals].
Male, 18-year-old, Drug abuser.

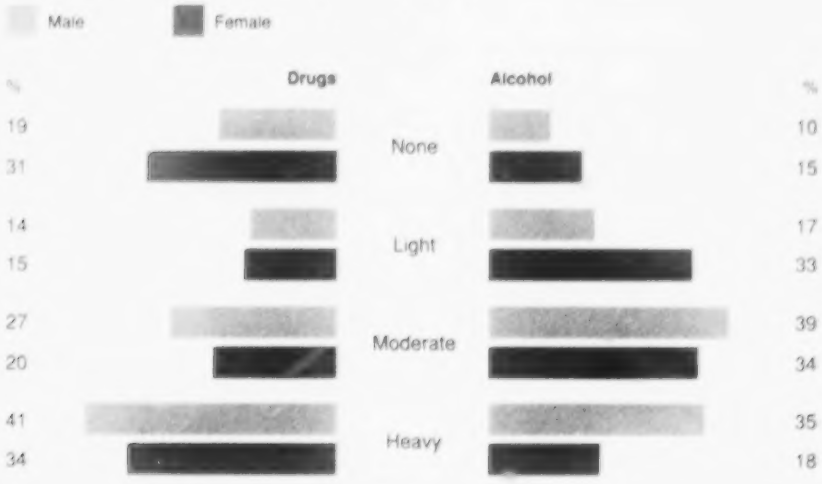
I used to do coke and speed, but I quit last year because I was addicted. Used to sniff [glue] - now just do it once in awhile - friends [still] do, everyday, everyday.
Female, 18-year-old, Prostitute.

Ya, I smoke [marijuana] sometimes, well, a lot of times.
Female, 16-year-old, Prostitute.

One quarter of the young people were classified as light alcohol users, 36 percent as moderate and 27 percent as heavy. Over sixty percent of these youth were moderate (24%) to heavy (38%) drug users. Figure 6.13 indicates the proportions of males and females in each drug and alcohol use category. Significantly more males than females fell into the heavy alcohol use category and more of the females abstained from drug use.

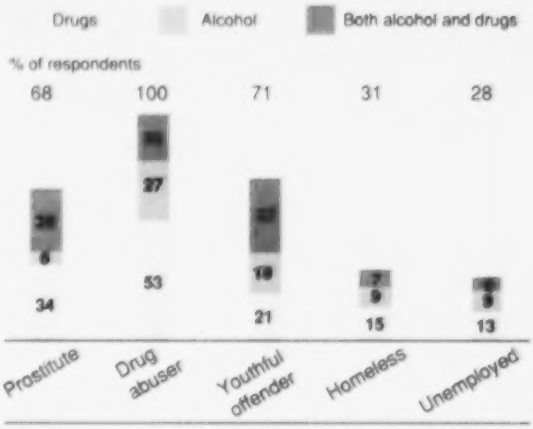
Previous research highlights the differences in levels of substance abuse between Natives and non-Natives. Much of this group's conflict with the law is attributed to alcohol-related offences (Report of the Special Committee on Youth, 1986). Almost all the Native street youth used alcohol (97%) and one third (34%) were heavy alcohol users, compared to one quarter of non-Native street youth. A greater proportion of Native street youth used drugs (85% compared to non-Natives 75%), but less than one third (30%; non-Natives 38%) were heavy drug consumers.

Figure 6.13
Drug and alcohol use, street youth by gender



We considered the heavy use of substances by the five types of street youth. Figure 6.14 indicates their heavy consumption of alcohol, drugs or both. Those respondents who were not presently using drugs or alcohol, but who had recently attended, or were at the time of the interview participating in, a rehabilitation program were considered to be heavy drug abusers on the basis of their previous lifestyle – which involved the heavy abuse of substances. All street youth categorized as drug abusers were heavy substance users. Youth assigned to categories other than the drug abuser group also used drugs, however, they were not included in the drug abuser group because their use of drugs was not the predominant element in their lifestyle. Sixty-eight percent of the prostitutes were heavily involved with the use of drugs, alcohol or both. Previous research and this study indicate that alcohol and drug abuse is very prevalent among adolescent prostitutes. Youthful offenders were also part of a subculture in which there was heavy alcohol and drug use – a greater proportion of these youth reported abusing both alcohol and drugs (32%).

Figure 6.14
Heavy alcohol and/or drug use, street youth by type



Some prostitutes use drugs to cope

Drug and alcohol use was reported to be a consolation to many youth involved in prostitution and a way to help them cope with the fear, violence, and uncertainty of life on the street.
Canadian Child Welfare Association, 1987, p. 3.

Many adolescent street prostitutes use drugs and alcohol to cope with their feelings of fear and isolation, and though few report that they began using drugs and alcohol as a result of their entering the life, some state openly that their usage of both substances increased while they were working the street, largely as a way to cope. Many adolescents feel that the use of drugs and alcohol makes it harder to leave the street and prostitution.
F. Mathews, 1987, p. 25.

Giving up drugs

[I] got off drugs on my own. I was hooked on coke for awhile – [spent] $1,500 a week. I was selling in Victoria.
Male, 19-year-old, Prostitute.

I take Anti-Abuse now – so if I drink I get sick. The people at the Half-Way House make me.
Male, 20-year-old, Youthful offender.

I used to do hash, pot, acid, but I quit cold turkey. Before YDC [Youth Detention Centre] I was in a Group Home in Fort McMurray and they made me go to Detox to watch films and learn more. I don't think I had a problem, I just did it [drugs] a lot.
Male, 16-year-old, Youthful offender.

Haven't touched [marijuana/hashish] in eight or nine months [in detention centre]. [I] used to do a toke every once in awhile when I got peer-pressured into it.
Male, 17-year-old, Youthful offender.

I used to be addicted to speed up 'till about four months ago – [did it] once or twice a day. I haven't done any crack or gravol, but I've done just about any other drug ... . I nearly O.D.'d [overdosed] once and I had a friend who O.D.'d and that sort of opened my eyes to what was going on.
Male, 15-year-old, Homeless.

One third of the homeless youth and two fifths of the unemployed young people abstained from drugs; less than one third of each of these groups were heavy users of alcohol, drugs or both. In part, their more conservative behaviours may be explained by the fact that homeless youth generally had very little money while on the street; and unemployed youth, who often lived at home, were generally attempting to leave the street lifestyle and enter the job market.

3. Substance use and sexual activity

Many of those who were not sexually active also abstained from alcohol and/or drug use or engaged in these activities only occasionally. Of the 43 street youth who had not had sexual intercourse, almost one half did not drink at all and 28 percent were light drinkers. Similarily, over three quarters of them were either not using drugs or were light drug users.

The relationship between substance use and sexual behaviour can be seen in the proportion of the street youth whose first sexual experience occurred while they were under the influence of drugs or alcohol. Ten percent of the street youth indicated that this was the case compared with six percent of college/university respondents and five percent of the dropout youth.

Alcohol and sexual activity

... being classified as a Problem Drinker is strongly associated with higher rates of involvement in other problem behaviours ... . Problem drinker status is highly associated with being sexually-experienced, the rates for the Problem-Drinkers being nearly double those of the Non-problem Drinkers.
R. Jessor, 1987, p. 337

... too drunk or strung out to care

Just get drunk and go for it, I know I take a chance.
Male, 16-year-old, Drug abuser.

I've either been too drunk or too strung out to care.
Male, 17-year-old, Homeless.

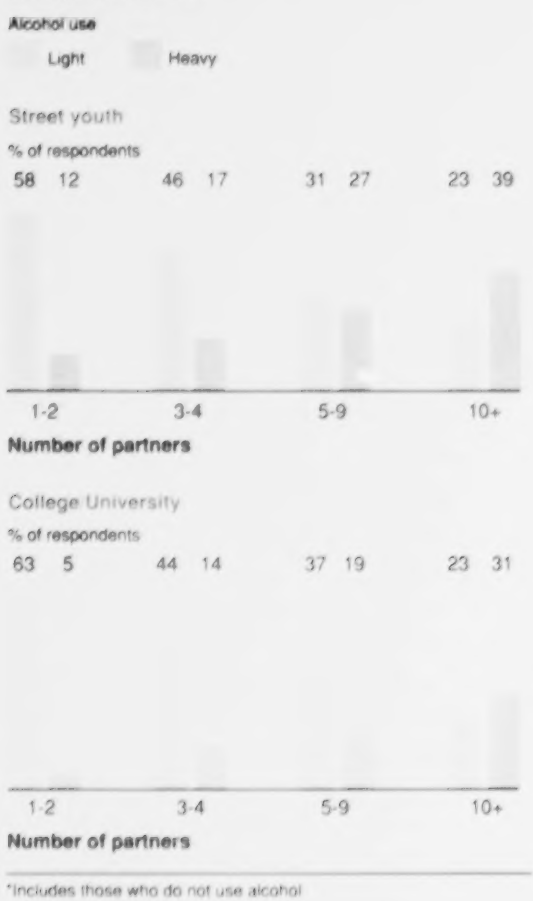
I've been careful about getting a girl pregnant. I might have had sex a few times without protection when I was drunk.
Male, 19-year-old, Homeless.

I didn't use a condom because we were both drunk and it was a rather spur of the moment thing. I've never really worried about that.
Male, 15-year-old, Homeless.

Main reason for having sex [the first time] ... I was pissed. I didn't even know 'til the next day. Pretty nice guy, eh?
Female, 18-year-old, Drug abuser.

I've used condoms, but I don't like them and neither do the girls I've been with. Usually when I'm pissed drunk I don't worry about protection which was quite often.
Male, 18-year-old, Youthful offender.

Figure 6.15
Number of sexual partners – street youth and college/university respondents, by light* and heavy alcohol use



*Includes those who do not use alcohol

Figure 6.16
Number of sexual partners, street youth by light* and heavy drug use

*Includes those who do not use drugs

We correlated the number of sexual partners with the extent of alcohol and drug use of both the street youth and the college/university respondents. We found that, for both groups, a high amount of alcohol consumption was associated with a greater number of sexual partners (see Figure 6.15). For example, 58 percent of the street youth who had one or two partners were light alcohol consumers, while 23 percent of the youth who had had ten or more sexual partners were light drinkers. This pattern was still quite pronounced when prostitutes were removed from the street youth sample. The drug use behaviour of the youth was also related to their number of sexual partners (Figure 6.16). Youth categorized as light drug users were less likely than those in the heavy-drug use group to have multiple sexual partners; more than one half of the youth who had had ten or more sexual partners were heavy drug users in contrast to 27 percent of those with fewer than ten partners. However, ten percent of those with more than ten partners did not use drugs at all.

F. Protection methods

I. Condom use

Of special interest were the methods street youth used to protect themselves from HIV, other STDs and pregnancy. The extent to which they relied on condoms for protection was particularly important because condoms provide effective protection from all these possible outcomes of sexual intercourse.

We asked the sexually active youth if they took special measures to protect themselves from HIV. Two thirds of them claimed to have taken such measures; 35 percent said they used condoms explicitly to protect themselves against HIV. In addition youth said they planned to protect themselves from HIV by knowing (19%) and choosing or limiting (9%) their sexual partners.

Most of the street youth did not use condoms consistently (see Figure 6.6). Although a greater proportion of street youth than other adolescents usually used condoms, more of them "never" had. Thirty-eight percent of the female and 28 percent of the male street youth had never used a condom. Native street youth reported similar condom-use behaviours.

Many did not know about Nonoxynol-9, an ingredient now found in some spermicidal products which kills HIV and, therefore, very few used condoms and spermicidal foam together for increased protection (4%).

Condoms reduce risk

It is now widely accepted that the careful use of condoms for vaginal and anal intercourse and for fellatio will reduce the risk of transmitting the AIDS virus. ... However, condoms do break, especially if used incorrectly ... . Therefore, many researchers recommend that spermicides containing nonoxynol-9, a detergent that has been shown to kill the AIDS virus in the labratory, as a back-up to the condom.
National Task Force on Prostitution, 1987, p. 5.

The rates of sexually transmitted disease among condom users are typically a fraction of the rates among nonusers. Most times condoms help cut risks substantially, though not quite to zero.
Consumer Reports, 1989, p. 136.

Condom users

I'm up on information - I know who's safe and who's not. I always use condoms.
Male, 17-year-old, Homeless.

Even if she tells me she's on the pill I'll use a condom. If I don't have a condom I won't have sex.
Male, 17-year-old, Youthful offender.

I wouldn't work the streets if I didn't insist on condoms. That's just the rule every trick knows. I make sure every guy I sleep with gets checked. I think it's my business to know. I'm checked all the time.
Female, 17-year-old, Prostitute.

I practise safe sex - use condoms, sterilizing gel and mostly just cuddling [with men] and stay away from intercourse [with girls].
Male, 16-year-old, Unemployed.

[I] want to use condoms in the future. [I am] very scared of AIDS. [I] understand the necessity of wearing a condom ... and I won't sleep with him [her boyfriend] again if he doesn't.
Female, 18-year-old, Homeless.

[I] started using protection [a condom] a year ago because of AIDS.
Male, 16-year-old, Youthful offender.

Not taking the right precautions is selfish.
Male, 18-year-old, Homeless.

I found out 90 percent of guys don't carry them [condoms]. Guys say I don't got anything [protection] and when I say I've got one [a condom] they're happy.
Female, 16-year-old, Homeless.

Ya' have to be careful about partners, can't help who they've already slept with. Like now I use a condom. But, like my ex [boyfriend], I knew he used needles and I was careless.
Female, 18-year-old, Drug abuser.

Figure 6.17
Attitude toward condom use – street youth, dropouts and college/university respondents

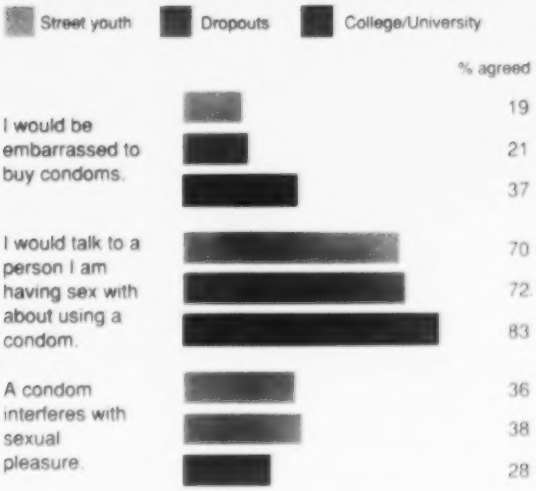


Figure 6.18
Attitude toward condom use, street youth by type

The following reasons were commonly given by street youth for not consistently using a method of protection: they were in a long-term relationship, they trusted their partners, protection products were too expensive, they did not care if they got pregnant or caught a STD, they had been intoxicated or had taken drugs and had not planned a sexual encounter, and they believed condoms reduce sexual pleasure.

Over one third of both street youth and dropout respondents believed that condoms interfere with sexual pleasure (Figure 6.17). Males (42%) on the street were more likely than females (30%) to agree with this statement. Slightly more prostitutes than others believed that condoms interfere with sexual pleasure (Figure 6.18).

Communicating with partners about condom use was slightly more uncomfortable for street youth although some respondents in all three groups said they would not talk with their partners about using a condom (Figure 6.17). The idea of buying condoms did not bother street youth as much as it did college/university respondents. Prostitutes, who often had to address the issue of condom use with clients, were considerably more at ease about both talking to partners about condoms and buying condoms (Figure 6.18).

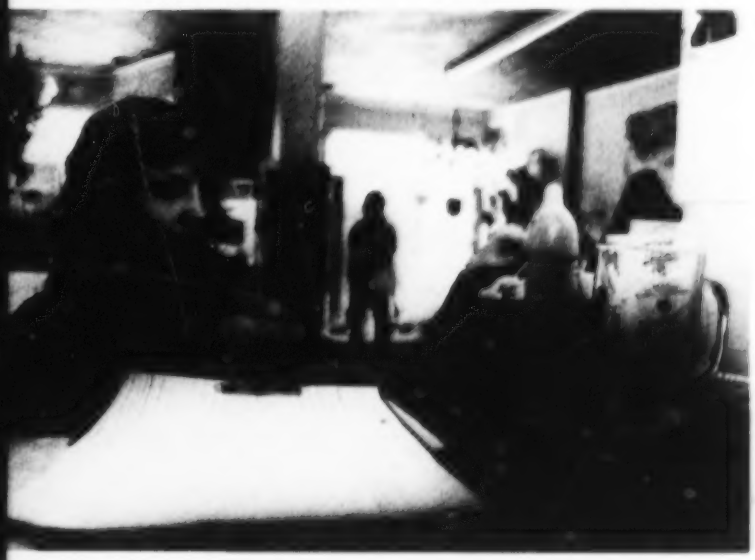


Photo by J.P. Beauregard

Rationale for not using condoms

The guys I've been with don't believe in condoms. They don't think it's worth it and I don't think they've ever tried them.
Female, 18-year-old, Unemployed.

Usually I don't use one [a condom] because I don't have one with me - because I didn't plan.
Male, 17-year-old, Youthful offender.

[I] couldn't always afford condoms.
Female, 18-year-old, Prostitute.

[Don't use them] because it takes the feeling away - I heard the boys talking.
Male, 18-year-old, Youthful offender.

[I] never use condoms - don't want to use one - never tried. I think it would be uncomfortable. I make sure they are on the pill [and I] check out [the] girls' reputations.
Male, 18-year-old, Youthful offender.

[I made] sure they were clean - we talked about it.
Male, 16-year-old, Drug abuser.

[The idea of a] condom bothers me. I'd never seen one before 'til misses was down from Planned Parenthood [2 weeks ago].
Male, 19-year-old, Unemployed.

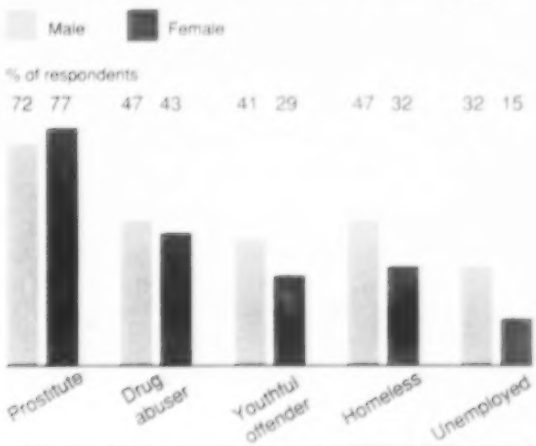
[I've used condoms] twice now. I don't find them comfortable. I wouldn't go in and buy them - mostly women do I think.
Male, 17-year-old, Unemployed.

I wasn't worried about it - they just pulled out.
Female, 15-year-old, Homeless.

[I] use nothing for birth control now even though [I'm] involved with a guy. [I] have not become pregnant and [am] prepared for the consequences if [I] should get pregnant.
Female, 17-year-old, Drug abuser.

I don't like them - it's like wearing socks in [the] shower. I know condoms protect me from diseases, but I don't want to hear all the gory details.
Male, 16-year-old, Homeless.

Figure 6.19
Attitude toward condoms, street youth by type



Young male and female prostitutes, who are at high risk for HIV and other STDs because of their many partners, used condoms most consistently; the majority of them used condoms "most of the time" or "always" (Figure 6.19). Some more cautious ones said they insisted on using condoms even during oral sex. A few young prostitutes did not use protection because they were involved with regular clients they thought they knew and trusted.

Prostitution and AIDS

The risk of catching AIDS (Acquired Immune Deficiency Syndrome) or other sexually transmitted diseases is not a significant deterrent for these youths (or for clients). Adolescent prostitutes tend to view disease as a risk that is part of the job. Some are also careless about the prospect, and others simply naive. "Safe sex" (the use of condoms) is practised generally although adolescents new to the street and others desperate for cash will forego the use of a condom if a client pays or offers a premium.
F. Mathews, 1987, p. 12.

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The prostitutes were generally knowledgeable about AIDS transmission and protection methods and responded to this information in their professional but not their personal lives. Their comments suggest that they know better than to trust customers; but they, like other street youth, tend to trust friends and steady partners even though they may also work the streets, use injection drugs and/or take part in unprotected sex with others.

Prostitute (ho) in the know

SUDDENLY A NEW Ho in the KNOW appears.
C'MON SISTERS AND BRO's BE SAFE SEX PROS AT HOME TOO!
I PRACTICE SAFER SEX WHEREVER I GO AND WHOEVER I'M WITH... WITH MY MAN, WITH MY CLIENTS WHOEVER
BEING A SAFE-SEX-PRO'S EXCITING NOW THAT I'M YOUR RUBBER LAVER!

Award-winning poster designed by Tracey Thomas for a competition sponsored by Prostitutes' Safe Sex Project, Toronto, 1989.

Prostitutes and safer sex

I always use condoms when I'm working but with my steady I don't bother - it gets in the way.
Male, 18-year-old, Prostitute.

When I was prostituting I was very cautious about using condoms - even for hand jobs. Even with my boyfriend these days, I still use a condom.
Female, 17-year-old, Prostitute.

My lover and I don't use any protection. [I] use condoms while prostituting. If there's oral sex, I swallow because I'm afraid of infection in my mouth, stomach breaks down the virus. If I do anal sex I always use a condom. Couple of my tricks demand the condom.
Male, 17-year-old, Prostitute.

[I'm] not consistent. [I] sometimes forget. My boyfriend is ... a male prostitute and we do not consistently use condoms.
Female, 17-year-old, Prostitute.

[I] worked the street when in the Group Home, [used condoms always] for blow jobs too. When with my boyfriend I don't use anything.
Female, 18-year-old, Prostitute.

[I] make about a $100 a night. I don't usually do blow jobs [oral sex] or lays [sexual intercourse]. It's usually hand jobs [manual sex]. A lot of girls I know go for blow jobs or lays. Three [customers] a night, sometimes it's not so good a night. I don't go with Native men. [I use] condoms for some guys - depends on how they act.
Female, 18-year-old, Prostitute.

I use a condom whenever I do anything. If it's a lover I don't [use condoms].
Male, 17-year-old, Prostitute.

[I] use them [condoms] with tricks [I put one on always]. [My] girlfriend ... won't let me wear a condom. It's up to them - if they want a condom I wear it, if not I don't.
Male, 17-year-old, Prostitute.

With the guys I do [use condoms], with the girls I don't.
Male, 18-year-old, Prostitute.

I knew my boyfriend was screwing around, but I had to do things his way [without condoms] I was afraid of him.
Female, 17-year-old, Prostitute.

We use condoms when working - when you work you always use safes, but not with your boyfriends.
Female, 17-year-old, Prostitute.

Street youth discuss other methods of avoiding HIV and other STDs

No kissing tricks.
Female, 18-year-old, Prostitute.

When I get a blow job [oral sex] I make sure they don't have cuts.
Male, 16-year-old, Homeless.

Pick out your own clients take those that look O.K..
Female, 15-year-old, Prostitute.

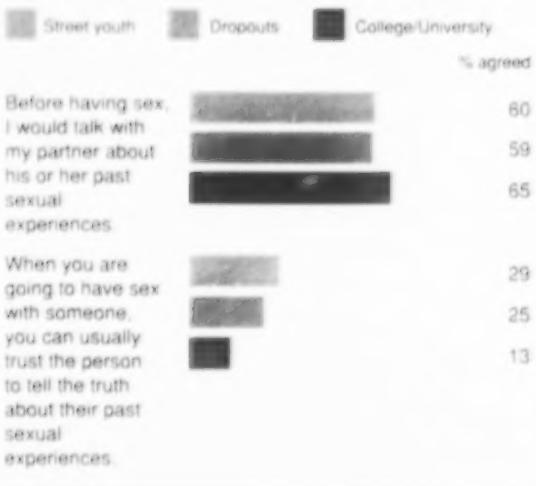
If they've ever used needles I won't sleep with 'em.
Male, 17-year-old, Homeless.

I don't give blood anymore – I'm afraid needles aren't clean or I'd find out I have AIDS.
Female, 17-year-old, Homeless.

I do not have anal sex.
Male, 20-year-old, Homeless.

I don't hang around with people who might have the virus. Isn't it people with scabs on their faces and don't they lose a lot of weight? I'm really careful.
Male, 18-year-old, Homeless.

Figure 6.20
Attitude toward sexuality – street youth, dropouts, and college/university respondents


Street youth
Dropouts
College/University
% agreed
Before having sex, I would talk with my partner about his or her past sexual experiences
60
59
65
When you are going to have sex with someone, you can usually trust the person to tell the truth about their past sexual experiences
29
25
13

2. Other prevention strategies

In addition to using condoms to protect against contracting HIV young people commented that they would avoid those behaviours identified as dangerous. For example, a small proportion of the youth said they protected themselves from infection by not having anal sex (1%) or using intravenous drugs (2%).

Other less effective strategies included trusting only "friends", asking about their partner's sexual history and ostracizing homosexuals. The general attitude among street youth seemed to be that sexual relations with their street peer group presented less risk of HIV or STD transmission than sexual relations with outsiders; they used protection with those people they did not know or trust.

More than half of each of the three responding groups were comfortable with the idea of discussing past sexual experiences with partners prior to having sex (Figure 6.20). Perhaps surprisingly, more of the street youth believed that their sexual partners would truthfully

disclose facts about their past sex lives, but overall the trust level was low in all three groups. Perhaps more realistically, prostitutes were least comfortable with the notion of discussing past sexual experiences and the least likely to trust partners to be truthful about their sexual history.

The high incidence of HIV infection and AIDS cases among homosexuals leads many youth to blame them for the disease, to act violently toward them and to ostracize them. Therefore, there is the danger that street youth who do engage in activities with a same-sex partner may not acknowledge that they do. Young male prostitutes who are hired by members of the homosexual and bisexual community often view their actions purely as a money-making venture and psychologically deny any possible commitment by emphasizing monetary goals and referring to themselves as "gay for pay".

... we'd know pretty quick if someone had something

[I don't worry about STDs]. Especially on this scene, we're a tight knit group. We gossip a lot and we'd know pretty quick if someone had something.
Male, 19-year-old, Drug abuser.

You could tell if they have AIDS, if they're real skinny and ugly. And you can tell fags.
Male, 17-years-old, Youthful offender.

Never worried about it [STDs]. If the boys know she's got the dose we'd leave her alone.
Male, 17-year-old, Youthful offender.

I haven't slept with a girl who had AIDS.
Male, 16-year-old, Homeless.

Forced to deny sexual orientation

Street prostitution was viewed by some participants as a "back door" into the gay community for young male prostitutes, and as an unhealthy way for them to explore their sexual identity. ... public fear of homosexuality may force some young men to use prostitution as a way to test, covertly, sexual or affectional expressions that are forbidden or discouraged by the larger heterosexual community ... . Not all male prostitutes are self-identified as gay.
Canadian Child Welfare Association, 1987, p. 2.

Photo by B. Clark

Medical needs

The most frequent number of problems [for street youth] appeared in the sexually transmitted diseases/contraception/pregnancy related category ... . The next three largest categories were health maintenance/education, respiratory and dermatologic.
J.A. Tolmas, M.M. Bonnar and R.W. Deisher, 1988, p. 267.

Health services for street youth should address acute medical needs since the majority of presenting complaints (60.3%) relate to acute respiratory infections and trauma.
J. Kulig and R. Unger, 1985, p. 341.

Street youth and others whose compliance with medical follow-up is in doubt should have appropriate laboratory investigations done and receive treatment for gonorrhea and chlamydia infection independent of clinical findings and before culture results are available.
Canadian Disease Weekly Report, 1988, p. 2.

AIDS testing

There is also evidence to suggest that testing is much more effective in changing behaviour when it is accompanied by pre-test and post-test counselling. Failing to inform eliminates one of the benefits of testing.
M. MacKinnon, K. Cottrelle and H. Krever, 1988, p. 372.

Survival on the street depends upon friendship and trust among street youth, but at the same time street life exposes youth to people who take part in risk behaviour associated with the transmission and contraction of HIV and other STDs.

3. Medical intervention

Some of the street youth interviewed had maintained contact with their family doctors while others had gone to community clinics for medical attention since leaving home. As mentioned in Chapter IV the majority of the youth preferred to go to medical people or clinics when in need of assistance because of possible HIV infection, other STDs or pregnancy. Pregnancy was a significant problem among these youth. Although not asked directly, some of the females reported that they had been pregnant and had either had an abortion or experienced a miscarriage.

As previously reported, a large proportion (49%) of the sexually active adolescents had undergone testing for STDs; approximately one fifth of the sexually active youth had had a diagnosed STD (see Figure 6.7). For the most part, street youth who reported having had a STD had sought out medical help and received medication (95%), understood the instructions (93%), and completed the prescription (88%). Because this group is so transient it is not surprising that only 78 percent of them managed to return to the doctor for a follow-up visit; however, some said they had not been advised to return.

Medical problems

I don't think about getting pregnant. I had a miscarriage before.
Female, 15-year-old, Homeless.

When I wasn't on the pill I used condoms sometimes, I wasn't worried 'til I got pregnant. I had an abortion.
Female, 17-year-old, Prostitute.

I was fainting a lot. I went to North End Clinic and the nurse didn't tell me anything about chlamydia [what I had]. I learned about it at school instead.
Female, 18-year-old, Homeless.

When I came here [group home], I ended in the hospital a few times. I went in a coma because of my drinking and diabetes.
Female, 17-year-old, Drug abuser.

Went for pregnancy tests three times now, and three abortions.
Female, 18-year-old, Prostitute.

I ended up going into the bug ward [psychiatric]. I was doing Ts and Rs for a long time and when I was coming off I thought I was going insane. They treated me.
Female, 18-year-old, Homeless.

I've had them [herpes, gonorrhea]. I learned [about] them on the street.
Male, 18-year-old, Homeless.

Getting medical help

You can go in and say anything [at Planned Parenting]. You can't shock them. They're great. They give medication for free.
Female, 17-year-old, Drug abuser.

I don't like the way they handle people [at Free Clinic]. They've got an attitude problem. Friends tell me they're treated badly.
Male, 17-year-old, Prostitute.

Sometimes with doctors - you've gotta get appointments - you gotta wait, it takes time, it's a problem.
Male, 20-year-old, Homeless.

There's only one place I know you can go and talk about it [birth control], right - Planned Parenthood.
Male, 18-year-old, Youthful offender.

I don't know about [going to] my doctor [for help]. It's a small community, bigger places are better, more anonymous. A free clinic makes you more comfortable, more or less, [they're] at your own level. [They're] not street people, but people who know you.
Female, 17-year-old, Homeless.

Blood tests

Clinic took my blood and said everything was O.K. [no AIDS].
Female, 17-year-old, Prostitute.

I gave blood, that's like a test for AIDS.
Male, 19-year-old, Unemployed.

Ya, I did [get tested for AIDS]. When my dad died I got super sick and they took blood – I think they tested me for AIDS.
Male, 18-year-old, Youthful offender.

The doctor took all kinds of tests on me when I got pregnant. She asked if I wanted the AIDS virus test and I did. She said you have to wait three to six months for AIDS virus tests - like the results.
Female, 18-year-old, Prostitute.

I don't know [if I've been tested]. Why not do it whenever doctors have your blood?
Female, 19-year-old, Unemployed.

I go every three months or so [to be tested], because I'm scared of my ex [boyfriend] being gay.
Female, 18-year-old, Homeless.

Almost one fifth of the sexually active street youth indicated they had been tested for HIV; none reported being seropositive. A few of the adolescents who underwent blood tests failed to understand the procedure and were therefore uncertain about the purpose of the test (4%). Some of these confused youth surmised they were not HIV seropositive because they had been told by medical people that they "were clean". Based on their descriptions of their experiences, however, we concluded that many who believed they had been tested for HIV had actually been tested for other STDs.

G. Summary

Most of these Canadian youth who had run from home had experimented with drugs and sexuality. They were more likely than other adolescents to have engaged in sexual intercourse, to have had multiple sexual partners, taken part in anal sexual intercourse, used injection drugs, shared drug needles and abused substances.

They were far more concerned about AIDS than about other STDs because AIDS is life threatening. Even pregnancy, which is a serious problem for those on the street, was less feared than AIDS. Although two thirds of them reported they used condoms to some extent for protection, the elevated rate of STDs among them and their statements about their sexual practices confirm that, with their inconsistent use of condoms, there is a real danger that HIV infection may also spread in this population of adolescents.

The desperate circumstances of some of these adolescents allowed them to be enticed by money to have sexual intercourse without condoms. Other street youth did not use condoms because they could not afford to buy them. Their trust in their street friends led many, when engaging in sexual activities for personal pleasure, to disregard safety because they believed their partners did not present any great risk.

The close social network of street youth fostered a false attitude of invincibility and safety among the youth. Some believed that they would know if a person carried HIV or another infection through the gossip network among street people. A good number of the youth naively trusted their sexual partners to disclose to them facts about earlier, potentially risky, experiences. Meanwhile, their negative attitudes toward homosexuals likely influence those individuals who do engage in sexual activities with homosexuals or bisexuals to avoid truthful discussion about previous experiences.

It was evident that street youth do not have access to medical services that respond appropriately to their needs. Most street youth are transient and may not return for medical check-ups. They indicated they are fearful that confidentiality will be breached or that rumours will spread about their health. Finally, they need straightforward explanations and counselling regarding treatment and testing.

VII Summary and recommendations

A. Introduction

This study investigated what Canadian street youth know about AIDS and other sexually transmitted diseases and considered their knowledge in relation to their attitudes and risk-taking behaviours. Over seven hundred street youth were interviewed in ten cities across Canada on the basis of five street culture lifestyles: prostitution, drug abuse, homelessness, criminal behaviour and preparation for employment. These categories allowed us to reach a representative group of street youth, and, because they are based on lifestyles, they can be used to target specific educational and health initiatives for those populations.

In this final chapter we provide a brief review of the study's findings and discuss our specific recommendations. We recommend a new approach to meeting the needs of street youth as well as to planning programs which will respond to concerns about street youth who could contract and transmit the human immunodeficiency virus (HIV) and other sexually transmitted diseases. Guidelines for the design of educational and prevention programs for street youth are outlined and special attention is paid to aspects of their lives that should be taken into account by those developing programs for them.

B. Key findings

The study confirmed that street youth are a vulnerable group of young people whose lifestyles place them at high risk for the contraction and transmission of HIV and other STDs. Street youth move from place to place; some are intermittently on the street, in and out of their own family's or a group home, and others spend extended periods, literally, on the street. Most eat and sleep irregularly, are inadequately dressed and cannot always maintain proper hygiene. As a group, they are subject to repeated illnesses and infections which may lower their resistance to HIV. Their heavy drug use may also increase their vulnerability to HIV infection both by weakening them physiologically and reducing their capacity to make rational decisions; under the influence of drugs they are less likely to choose sexual partners wisely or use protection during sexual encounters and more likely to take risks by sharing intravenous drug needles. Their day-to-day life requires them to take risks to find food and shelter, make money, but also, and just as importantly, to maintain personal relationships. These youth generally consider street friends to be 'safe' simply because they think they are familiar with their lifestyle and risk behaviours – as a result street youth take risks with one another.

Almost all street youth are sexually active, and many had been so before they reached the street. Some engage in sexual activity for money and because the intimacy that sexual relations can bring is important to many young people. The majority report having multiple sexual partners and sexual experimentation among these youth is more evident than among their same age peers: for some street youth, sexual expression includes anal intercourse as well as sexual relations with same-sex partners.

Street youth do worry about contracting HIV much more than they worry about getting other STDs or becoming pregnant. Most have responded to their anxiety by learning the basic information about AIDS and many claim they take precautions. Nevertheless, their condom use patterns are inconsistent; only a few use condoms with friends and lovers and a lack of funds leads some prostitutes to accept offers of money in exchange for engaging in unprotected sex. Most feel that they can avoid contracting HIV and express a responsibility to tell sexual partners if they ever became infected. However, a few harbour a fatalistic outlook or are emotionally unstable which may lead to their placing themselves and others at risk for infection. Their knowledge of other sexually transmitted diseases is better than that of their counterparts from other settings, in part, because of the obvious threat of these diseases in their lives. However, very few street youth indicate that they worry about contracting a sexually transmitted disease even though a good proportion had had a STD already or knew someone who had had one – apparently, their knowledge of STDs has not significantly minimized their risk-taking behaviours. Their greater fear of contracting HIV and developing AIDS is likely related to the high fatality rate among persons with AIDS.

C. Recommendations

Our recommendations are related to meeting the social and health needs of street youth, implementing a national plan in response to the AIDS crisis and guidelines for specific AIDS education and prevention programs for street youth.

1. Nationally coordinated programs for street youth

It became evident during this study that street youth are considered a marginal group in Canadian society and, consequently, little has been done to provide, systematically, a range of programs for them. We found an inconsistent and sometimes incomplete array of services available to street youth. The social and medical programs they receive have typically been provided by charitable organizations and municipal, provincial and federal programs funded for the short term.

Street youth represent a substantial segment of Canadian society excluded by circumstances from the mainstream. Estimates of the Canadian street youth population range between one to two hundred thousand; their number warrants formal recognition of street youth as a group with special social and health needs. A coordinated, nationally articulated system of health and social programs is needed for this population. There is already evidence of some HIV seropositive street youth. Their needs should be treated more seriously because they represent an entry point of HIV infection by way of members of other segments of society who interact with them.

A coordinated system providing social and health programs to street youth requires strong government leadership, more stable and equitable funding than at present and a commitment to overcome jurisdictional barriers. Education, health and social services for youth are the responsibilities of the provinces. Federal policy through Health and Welfare Canada is necessary to provide the framework for coordinating provincial policies and programs designed for street youth.

> We recommend that the federal government ensure that a full range of health and social programs is available to street youth across Canada.

2. A national strategy for AIDS prevention

Our second recommendation relates to the array of AIDS education and prevention programs currently aimed at Canadian street youth. While these programs are well-intended, in very few cases have they been demonstrated to be effective; most are offered on a small scale without the potential of reaching all those for whom they are intended and with weak or no attempts made to evaluate them. North American AIDS programs have typically been put together under severe time constraints and without appropriate expertise in design and evaluation. Those individuals who have the skills to design and implement interventions have rarely been given the incentive and the opportunity to come together with those skilled in program evaluation to initiate AIDS programs. It is fundamental that intervention strategies be well designed and fully evaluated to ensure that youth reached by these programs are learning about AIDS and changing their attitudes and their risk-taking behaviours. Priorities must be established and procedures implemented to create research teams that draw together those skilled in intervention design, program delivery and program evaluation. Rigorous pilot testing should occur in a number of centres to ensure that programs can be effectively generalized.

The Federal Centre for AIDS, with its current mandate, should take a proactive stance with regard to the development and evaluation of interventions that are congruent with the national AIDS strategy announced by the Minister of Health and Welfare. This recommendation can be implemented by effective planning and collaboration between the Federal Centre for AIDS and the National Health Research and Development Program. Such an initiative is relevant for all research and development activities with regard to AIDS education and prevention although we are specifically referring here to intervention strategies for street youth.

> We recommend that programs put in place in response to the AIDS crisis be initiated and funded through a well-conceived national plan, responsibility for which would be assumed by the Federal Centre for AIDS.

There is urgency in the matter of AIDS education and prevention programs and the traditional funding channels for research and development are not appropriate.

Design, delivery and evaluation of educational and prevention materials requires a stronger national support system than is currently available. To provide the necessary leadership and coordination for program initiatives the Federal Centre for AIDS requires additional personnel in their understaffed Bureau of Information and Education Services.

3. Coordinated design, implementation and evaluation of street youth interventions

The behaviour of street youth does place them at risk to contract and transmit HIV. Intervention with this at-risk group must be provided in a way they can accept if they are to protect themselves from HIV. Education and Prevention programs that suit their lifestyle and reach them as part of appropriate health and social services are recommended below.

> We recommend that the Federal Centre for AIDS, with additional qualified personnel, begin immediately to coordinate the design and evaluation (including pilot-testing) of the following program initiatives for street youth:
>
> - education programs to ensure that street youth receive accurate information in appropriate format and language by means of appropriate delivery agents about the transmission of HIV, protection measures, HIV testing and statistics on the prevalence of infection among their peers;
> - a national condom-distribution program to make condoms readily available to street youth at low or no cost;
> - a national "clean needle" campaign to make needle exchange programs and/or bleach, for sterilizing shared needles, available to injection drug users;
> - HIV testing programs accessible to street youth with nationally established guidelines providing for easy access, counselling before and after testing, confidentiality and supportive medical and social programs for those who test positive and for those who develop AIDS.

D. Suggested guidelines for the design of intervention programs

The following principles to be taken into account by those designing educational and health service programs for street youth are derived from what we learned about the knowledge, attitudes and behaviours of street youth and from basic procedures employed in program design and evaluation. Guidelines related especially to the content, format and delivery of education programs are discussed, followed by those more specific to prevention programs.

1. Education programs

a. Content

The messages many youth are receiving about AIDS and other STDs are incomplete and sometimes confusing. Street youth, although more knowledgeable than other young people, continue to take risks. They need to understand how HIV, which leads to AIDS, is and is not transmitted, what protection measures are absolutely necessary, the details about HIV testing and the extent of HIV infection in their peer group. Most of them do not plan to stay on the street. Almost all speak about returning to school, getting a job or starting a family. We believe that these aspirations will motivate many street youth to respond to programs designed to help them avoid health risks that could impact their future lives. However, they will not abandon the strategies that help them cope and survive on the street unless they fully understand the threat posed by AIDS and other STDs.

We also suggest that all information about the causes and prevention of AIDS be presented in a way that counteracts negative attitudes toward people with AIDS and homosexuals. Street youth, similar to others in society, tend to exclude homosexuals because of this group's frequent association with AIDS. On the street, this attitude has led to ostracism and sometimes violence directed toward people with AIDS and homosexuals. A necessary component of all educational programs about AIDS is discussion that promotes a compassionate treatment of people with AIDS and an understanding of homosexuality itself.

Government officials and program planners in most countries concerned about AIDS have come to the conclusion that it is best to keep the messages about sexual intercourse and injection drug use simple. They suggest, and we agree, that the message about sexual intercourse should be to "always use a condom". Street youth need to protect themselves by using condoms with *all* sexual partners; this message must be relayed through a strong, persistent educational campaign. For example, prostitutes need to be encouraged to use condoms not only with clients but also with steady partners. Likewise, the message to youth who inject drugs should consistently promote the use of a sterile needle for every injection either by exchanging used syringes for fresh ones or by sterilizing needles with bleach between uses. In their simplest terms the messages must be:

- use a condom for *every* sexual encounter
- use a sterile needle for *every* injection

To avoid confusion, we feel it is important that education about AIDS be kept distinct from education about STDs. AIDS education is the priority and there is little to be gained in trying to explain the differences between HIV and other sexually transmitted diseases to young people specifically concerned about HIV. There is, however, merit in indicating to street youth that when they practise safer sex they protect themselves from HIV and STD infection, and they avoid unwanted pregnancy.

b. Format

Most street youth have been unsuccessful in school and, taken collectively, their reading ability is quite low; many do not have the skills or the incentive to read detailed educational pamphlets. Visual material may best suit their needs; videos and dramatic theatre seem very appropriate for these adolescents, who would likely be uncomfortable if they were required to receive AIDS education in a school-like setting.

AIDS education materials and programs must be simply and attractively presented. Existing written material about AIDS, other STDs and services is, in many cases, too detailed and complex and the style of presentation inappropriate for these youth. Educational material written in a style and with a vocabulary designed to appeal to street youth can be an effective method of disseminating information to this group of young people. The language used in educational materials designed for street youth must be simple, straightforward and employ street vernacular. The fact that the street vernacular varies slightly across Canada and across special needs groups must be taken into consideration. Although health professionals may find it difficult to develop educational materials using this type of language, because they are concerned about public reaction to language that may seem crude and unnecessarily graphic, the approach has been demonstrated to be effective. It should also be borne in mind that education pamphlets small enough to fit into a pocket are more likely than larger booklets to be taken and read by street youth.

It is important that individuals responsible for the design of educational material for street youth represent the following areas of expertise: provision of primary health care, educational materials design, marketing, knowledge of street youth and knowledge of special populations, such as Native street youth. Street youth themselves should also be involved specifically in assessing the appropriateness of the language and procedure for disseminating the information.

c. Delivery

The transient nature of the street youth lifestyle, the tendency of some to sleep during usual daytime office hours and their distrust of straight society make street youth difficult to access. Also, street youth tend to be anti-authoritarian due to their negative home and school experiences; their distrust of "straight" society is often reinforced by their street peers. Unfortunately, legislation to remove underage or problematic youth from the street has forced some to go "underground" where they are not visible and much more difficult to reach. However, street youth do appear to respond to people they like and trust – people who approach them with sensitivity and make an effort to speak to them in their "street language" – but their general distrust of authority figures makes it difficult for agency personnel to reach them with educational and health-oriented programs.

It is a useful first step to understand where street youth live and what contact they have with service deliverers. Our research indicates that these high-risk youth can be reached in group homes, detention centres, alternative schools, hostels, drop-in centres, street outreach programs, agencies that supply free food, clinics that supply medical services and welfare and unemployment services. Strategies for reaching street youth with AIDS and STD information, and prevention initiatives must be carefully developed in relation to the lifestyle of each type of street youth.

The classification scheme for street youth used in this study was based on lifestyle and points of access; it was a useful guide in establishing strategies to contact various types of street youth, since access points

vary depending on the lifestyle of the young person being approached. Prostitutes are easiest to identify while they work on the street or in agencies established for them. It is convenient to meet with unemployed youth in the agencies and alternative schools where employment and school upgrading programs are delivered; homeless youth can be accessed at drop-in centres, on the street, and in short-term shelters and group homes; youthful offenders, at detention centres and young offender group homes; and drug abusers through treatment programs, at drop-in centres and on the street.

The "hard-core" group of street youth who live in groups on the street or in cheap hotels and who are involved in criminal activities such as drug peddling often cannot be easily reached through programs. Innovative approaches are needed if we are to inform and help these young people who may harbour fatalistic attitudes thereby placing themselves and others at great risk of HIV infection. Outreach programs appear to have the potential of being effective in contacting these youth, providing services and offering information about AIDS and programs to them.

Certain groups, such as Native street youth, will require specialized attention with regard to access, educational and health promotion strategies. When contacted during this study many Native youth were still living at home and were very early school leavers. They were less knowledgeable about AIDS and other STDs than other street youth.

Street youth themselves may be an effective avenue for reaching other young people on the street and disseminating information about health risks and available sources of help. Street youth usually have strong supportive relationships with each other and although street youth mentioned that street people were usually not a trusted source of information about AIDS, HIV and other STDs, their reluctance was usually related to the inconsistent messages they were receiving about AIDS. Peer educators would be youth who are disengaging themselves from street life and who would be trained by professional street workers. They would be paid to distribute information about AIDS among their friends and to direct them to agencies where further information and assistance is provided by health professionals.

Health professionals were reported by street youth to be a preferred source of information about AIDS and other STDs. Clinics, doctors' offices and other settings where health professionals come in contact with street youth must be viewed as appropriate locations for disseminating information about AIDS to street youth. In addition, physicians and other health professionals should be encouraged to learn more about the lifestyles of these youth and know how to discuss prevention with them.

2. Prevention programs

As previously mentioned, carefully designed, pilot-tested and evaluated program interventions related to condom distribution, safe drug injection and testing for HIV are absolutely fundamental to the success of AIDS prevention efforts. Because of the urgency, all phases of AIDS prevention program development and evaluation must be undertaken within a very compressed time frame.

a. Condom distribution programs

The object of condom-distribution programs is to make condoms readily available to street youth at low or no cost. A number of issues arise from proposals to make free-of-charge condoms readily available to adolescents. There are economic and social implications for both government and condom manufacturers which must be examined and taken into account. As well, the effectiveness of this approach in actually increasing the use of condoms by these adolescents should be assessed.

Some services for street youth have not addressed the issue of AIDS and other sexually transmitted diseases at all because they are funded by religious organizations opposed to condom distribution programs. Other services that have condom programs have been funded sporadically without plans or means for evaluation. Consequently, current condom-distribution programs are hit and miss. For example, young offenders living in a group home, who leave the facility on a day pass, typically do not receive free condoms. On the other hand, those who frequent some drop-in centres may pick up free condoms at any time and prostitutes may be given a few free condoms by street outreach workers. Not all youth need free condoms but the present system of distribution overlooks some who cannot afford to buy them.

The effort to encourage the use of spermicidal foam or gel containing nonoxynol-9 with condoms has not been successful. Youth are confused by the concept and are not certain how to use the products available. Perhaps the advantage of using the foam or gel is too minimal to warrant further effort to promote its use. This hypothesis should be investigated.

A national educational strategy to teach young people how to purchase and use condoms should be part of the campaign to encourage youth to use a condom for each sexual encounter. Consideration should also be given to providing condoms designed to be attractive to young people (for example, to be coloured and thin for sensitivity).

b. Programs to promote safer drug injection

If street youth are to accept the message about safer intravenous drug use seriously and use a sterile needle for every injection, users must be provided with a means of ensuring that they have a sterile needle and syringe each and every time they inject a drug. There are two main types of "safer injection programs" – those that distribute bleach or alcohol for sterilizing needles and those that encourage injection drug users to exchange used needles for fresh, sterilized ones. Those administering bleach distribution programs must ensure that the bleach is accompanied by warnings about the importance of cleaning a needle and syringe after each person uses one and of avoiding "shooting-up" or drinking the bleach. Needle exchange programs will need to be well publicized and established in a nonthreatening setting. Whichever program is implemented, the message "Use a sterile needle for every injection" should be consistent and accompanied by educational material and information about available drug rehabilitation programs.

Both bleach distribution and needle exchange programs need to be evaluated in a variety of settings. If the programs are found to be effective they should be implemented as part of a national strategy.

c. HIV testing and health and social services

It is not easy for street youth to learn whether or not they have contracted HIV. In some large cities there are youth whose basic needs of food and shelter, let alone medical and social services, are not sufficiently met. Before providing their service some clinics and government social services require youth to provide information about themselves – social insurance number, permanent address and personal identification. Many youth do not have the required information or are fearful of being identified as runaways or young offenders; therefore, they choose to avoid services. Youth should have easy access to clinics where they can obtain blood tests, carried out in a discreet manner where confidentiality is guaranteed.

Today there is a growing number of community advocates for these marginal youth, and some agencies are responding to their medical needs by incorporating more practical strategies into their programs. For example, they are using nurse outreach teams and educational videos to reach and to educate them about potential health risks. Generally, street youth are becoming more aware of their physical health and of the possibility of seeking help through medical services. Preliminary evidence from the nurse outreach program in Vancouver suggests that youth will come forward for testing if the setting is convenient and they trust the people involved. Counselling before and after testing is a necessary component of AIDS and other STD testing programs – particularly with such a transient group.

Medical and social programs for street youth who are HIV positive must consider the individual circumstances and the behaviour of their clients. Young people with the AIDS virus must be ensured of confidential treatment, nonsegregated services and emotional support. On the street, a strong stigma is attached to persons with AIDS; many of those labelled HIV carriers are abused, lose their sexual partners and possibly their income. A policy should be in place to deal with those who choose to deny their HIV infection and avoid appropriate medical attention; their irresponsible behaviour could be catastrophic to themselves and others.

There must also be a system of health care established for those adolescents who contract HIV and those who develop AIDS. Those youth not cared for by their families will require free housing and medical attention as well as financial assistance. Without such initiatives, and left to live in impoverished and unhealthy circumstances, they may, out of desperation, take more risks and endanger themselves as well as others.

E. Concluding comment

Our recommendations are as follows:

- that the federal government ensure that a full range of health and social programs is available to street youth across Canada.
- that programs put in place in response to the AIDS crisis be initiated and funded through a well-conceived national plan, responsibility for which would be assumed by the Federal Centre for AIDS
- that the Federal Centre for AIDS begin immediately to coordinate the design, piloting and evaluation of the following program initiatives for street youth:
  - education programs to ensure that street youth receive accurate information in appropriate format and language and using appropriate delivery agents about the transmission of HIV, protection measures, HIV testing and statistics on the incidence of infection among their peers;
  - a national condom-distribution program to make condoms readily available to street youth at low or no cost;
  - a national "clean needle" campaign to make needle exchange programs and/or bleach, for sterilizing shared needles available to injection drug users;
  - HIV testing programs accessible to street youth with nationally established guidelines providing for easy access, counselling before and after testing, confidentiality and supportive medical and social programs for those who test positive and for those who develop AIDS.

With regard to the possible linking of AIDS education with other STD programs, we have taken the position that, because AIDS is the priority, both in the minds of street youth and Canadians in general, there is little advantage in combining AIDS with other STDs in educational programming and considerable potential for making the messages too complex. We suggest that STD information be provided in a separate context; however, we do indeed see the benefit of indicating the link between AIDS and STD prevention messages.

We cannot emphasize enough the importance of establishing the coordination and programs necessary to meet the needs of street youth. They represent the outcome of troubled homes and unrealistic expectations. Many are on the street because social institutions – the family, the school, the social welfare system – have failed them. Street youth generally need and desire AIDS information as well as social and health service assistance. To prevent the spread of HIV among these adolescents a national AIDS policy must be established that considers their special life circumstances.

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